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ABSTRACT

The establishment and subsequent modification of a child care system for employees, faculty, and students of the University of Colorado Medical Center are discussed in detail. The project was partially funded by the Office of Child Development. Components of the project included three direct service programs: (1) day care for children ages 2 1/2 to 6, (2) care for older children after school and during the summers, and (3) training and support for day care mothers and development of day care homes as additional child care resources. Family counseling and referral were provided as a fourth component. An Advisory Board was established to allow Medical Center employees, students, parents, and project staff members to contribute opinions and information. Extensive evaluative sections in the report cite problems encountered in program implementation, including poor relations between caregivers and administrative staff, pressure to disseminate prematurely, diffusion of individual staff members over all components, repeated administrative restructuring, and the desire of Advisory Board members to determine policy. Recommendations are made based on experience with these problems. At the end of three years Office of Child Development funding expired, and serivces at the Medical Center were discontinued, but part of the program was absorbed by other community child care facilities. (BRT)

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A COMPREHENSIVE, COORDINATED CHILD CARE SYSTEM: FINAL REPORT

Child Care Project
University of Colorado Medical Center
Denver, Colorado

Funded by the Office of Child Development, Department of Health, Education and Welfare, Grant No. OCD-CB-248.

Ramon C. Blatt, Ph.D.
Project Director

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Preface

A good measure of success for a demonstration project is its ability to evolve in light of its experience. Change is a necessary condition for growth. A project which ends exactly the way it began either received its plan from God or is denying its experience. The University of Colorado Medical Center Child Care Project changed tremendously. We have tried to describe the changes candidly, addressing the reasons why things happened the way they did.

The authors of this report joined the Project in its second year and were not involved in writing either first or second year proposals. We also were not directly involved with the administration of the Child Care Center. Our historical observations were made at a distance, which at once increased our objectivity and decreased our information. Our comments were based on what documents survived (such as minutes of Child Care Center staff meetings, Advisory Board meetings and parent meetings; outside evaluation reports; memos; letters; etc.) and interviews with a few former staff members. Of more recent events, we have written from our individual collective experience.

We would like to express our gratitude to all past members of the Child Care Project staff for helping, each in his own way, to accomplish the goals of the Project. Current staff has made invaluable contributions to this report. Ms. Mary Van Vlack was primary author on Chapter 5; Ms. Constance Artzer, Chapter 3; and Dr. Ramon Blatt, Chapter 2. Van Vlack and Blatt shared responsibility for Chapters 1 and 4, and they were assisted by Ms. Catherine Carpenter on Chapter 6; Carpenter served admirably as copy editor and worked on background research; Ms. Mary Blossom prepared figures and assisted with copy preparation; and Ms. Roxanne Hines typed virtually every page. Everyone read and commented on the report prior to final typing.

Child Care Project Staff
Denver, 1975

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Chapter 1
Introduction

Origins

The University of Colorado Medical Center Child Care Project began in the fall of 1971 as a sub-committee of the Medical Center Women's Association. The Women's Association desired the University to sponsor an on-campus day care facility for the children of employees, students, and faculty. During the process of seeking financial and philosophical support for their proposal, the original sub-committee became the Steering Committee for Child Care. Dr. Jane Chapman, one of the Steering Committee, suggested applying for research and demonstration funds from the Office of Child Development (OCD). This action required changing the Committee's focus from providing direct services for Medical Center personnel to researching a child care system which had wider applicability.

Although the Committee viewed a change in focus as a possibly undesirable compromise, they decided to make application for OCD funds.[1]

Project Goals

By means of surveys and group meetings the Steering Committee established a list of needs and concerns of potential child care facility users. Parents expressed concern about several issues in addition to quality of day care services: criteria for evaluating prospective child care facilities were elusive to many parents, child care and child-oriented services were often difficult to locate, facilities were sometimes relatively inaccessible, and in some cases child care providers could not find substitute caregivers when they were unable to care for the children themselves.

Committee members were convinced that a day care center, by itself, would not be appropriate to meet the varied needs which employees and students had expressed. Inasmuch as the ethnic and socio-economic makeup of the Medical Center population paralleled that of metropolitan Denver, the

Committee believed that the issues raised by Medical Center personnel reflected regional, if not national,needs. The program which, when funded, became the Child Care Project, was designed to address the individuality of each family's needs both initially, when the need for child care was expressed, and subsequently, when special needs arose after child care had been obtained.[2]

The goals of the Child Care Project were to investigate and demonstrate a group of interrelated programs for meeting the complex and variable child-related needs of Medical Center employees, staff, and students. Components of the Project were to include three direct service programs, a counseling and referral office, and an advisory board. The hub of the direct service model was to be the Child Care Center which would provide training programs and access to further resources in addition to direct care for children ages 2 1/2 to 6. Affiliated with the Center would be the School-Age Program, offering care for older children after school and during the summers, and the Family Home Care Program which would provide training and support for day care mothers and develop day care homes as additional child care resources, The Counseling-Coordination Office would counsel families regarding child care and related issues and assist them in finding services to fit their needs. The Advisory Board, whose members would include interested Medical Center employees, students, parents, and some Project staff members, would not be a governing board but a channel through which its members could contribute information, ideas, and opinions to the Project administration. Not only was the Project supposed to investigate and demonstrate all of these components, but it was to tie all of them in with one another so that each was to enhance others' capacities to do their jobs effectively.

The demonstration model was to be both "comprehensive" and "coordinated." Not only should a family be able to choose from a variety of types of child care settings (e.g., centers, preschools, day care homes), but they should be able to choose from several settings of a given type in order to match their family's values, expectations, and needs. Access to health, educational and social/psychological services should also be available to both families

and caregivers through the model system. Furthermore, the model should substantially reduce the fragmentation of services often experienced by parents in their search for appropriate child care and child-welfare services.

In proposing the model program, Project staff were philosophically committed to a dynamic system. Model components were expected to be responsive to on-going internal evaluation, independent outside evaluation, individual parent consumers, and the Advisory Board,composed of both parents and Medical Center professionals.

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Chapter 2
The Child Care Center

The original model service delivery system intended to develop a number of unique elements which would promote comprehensiveness and coordination.[3] The Child Care Center program, staff, and facilities were designed to provide much more than "just day care." The model programs were meant to be "model" in the sense of "a small version of a larger system to be built later." "Model" can also be used to mean "ideal for purposes of comparison." In establishing the administrative structure, in seeking a variety of kinds of caregivers, in setting up a training program for these caregivers, in programming daily activities, in developing the physical space for the Center facility, in giving parents an opportunity to be involved in their children's day care experiences,and in making special services easily available, the Child Care Center was to be "model" in both senses.

Administrative Structure

Probably the strongest influence on the development of the Center program, as well as on the entire Project, were personnel selection and deployment within an administrative structure. During the two years of Center operation the Project Director imposed four different administrative structures on Project staff. Three changes involved different center directors. The initial structure is diagrammed in Figure 1.

The Project Director, Dr. Jane Chapman, served on a part-time basis, maintaining her duties at the John F. Kennedy Child Development Center of the Medical Center. Beginning in August, 1972, Ms. Fern Portnoy, Child Care Center Director, was responsible for designing the child care programs, selecting equipment, overseeing remodeling of the facilities and hiring the child care workers. Head child care workers were intended to have the primary responsibility for day-to-day operation of the center, but parents and staff frequently by-passed the head child care workers.

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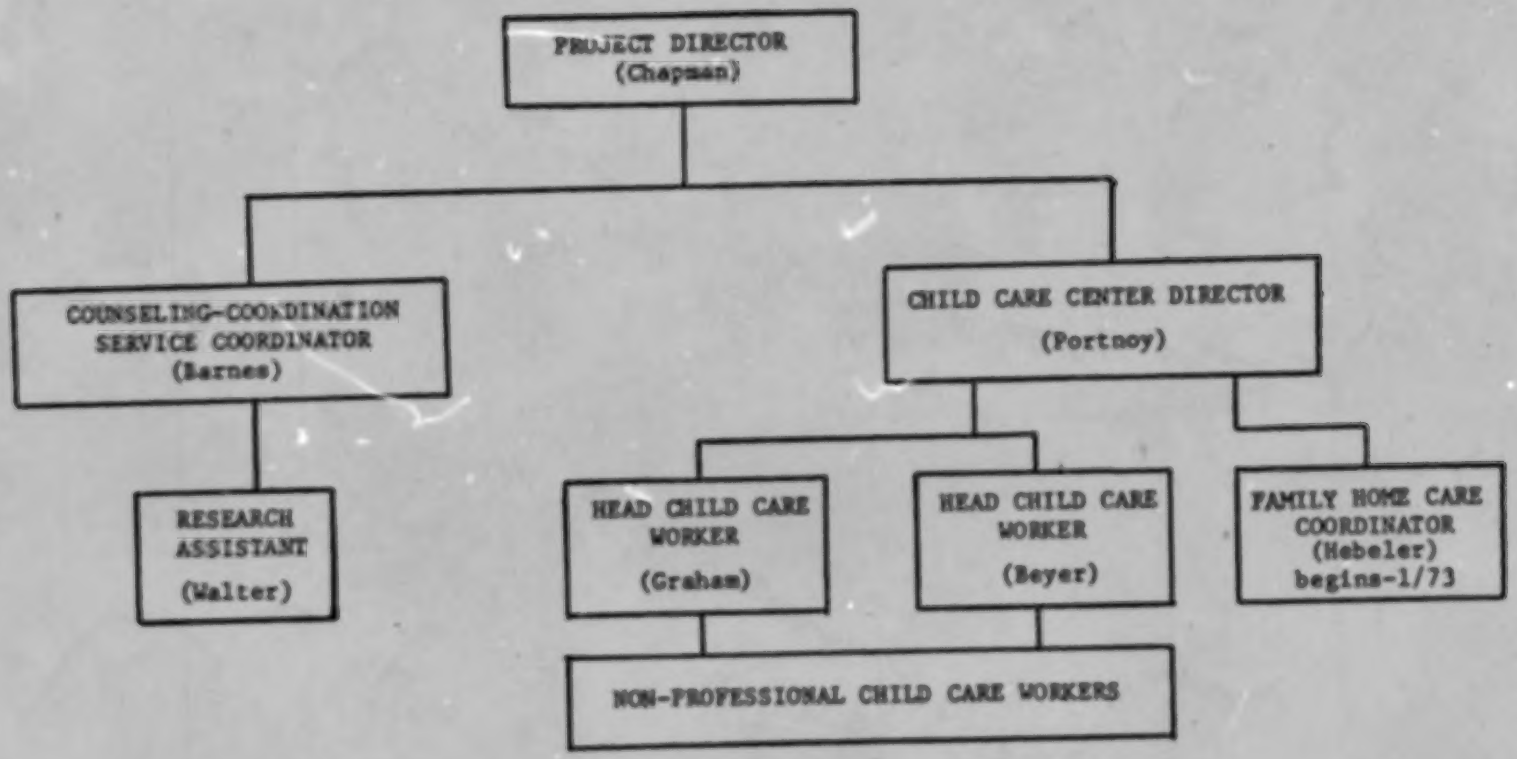

FIGURE 1

ADMINISTRATIVE STRUCTURE

AUGUST, 1972

In January Chapman redefined administratives jobs and changed job titles in an effort to eliminate an erosion of the head child care workers' authority. The Head Child Care Workers, Ms. Naomi Graham and Mr. Phil Beyer, were retitled Assistant Directors of In-Center Care. The Family Home Care Coordinator, Ms. Charlotte Hebeler, was retitled at the same level: Assistant Director of Family Home Care. These people operated their respective programs and were responsible to Portnoy, whose new position title was now Director of Child Care Programs. Portnoy was directed to focus on the evaluation of both the Center and home care programs. Dr. Paul Barnes, the Coordinator of the Counseling-Coordination Office, similarly was instructed to leave daily counseling activities to his assistant and focus on systems evaluation. Although his title was not changed at this time, his new duties included collaboration with Portnoy on evaluation procedures. The "non-professional" prefix was dropped from the child care worker title, since several persons felt it to be demeaning. Figure 2 reflects these changes.

This restructuring did not prevent the feeling among child care workers that Graham and Beyer were not really in charge of the Center. The Assistant Directors would make a decision one day and change it a few days later after a meeting with evaluation staff, which included the Project Director. To child care workers, Chapman was "the ghost in the corner," who, although seldom present, ultimately made all the decisions. The schism between evaluation and service delivery became even wider as evaluators became less involved with delivery of service and interfered with delivery styles in the name of evaluation.

The January, 1973, structure contained a second problem: the relationship between the Coordinator of the Counseling-Coordination Office and the Director of Child Care Programs was not clearly defined. In the absence of clear definitions the administrative climate supported an attitude of "that's not my job" which pervaded the Project. Chapman placed heavy emphasis on individual job descriptions and personal responsibility. Her confronting style was perceived by some staff as blaming. It was not uncommon that, to avoid "blame," staff would seek refuge in any ambiguity in their job description. Retreat, of course, provoked an even more vigorous confrontation with Chapman.

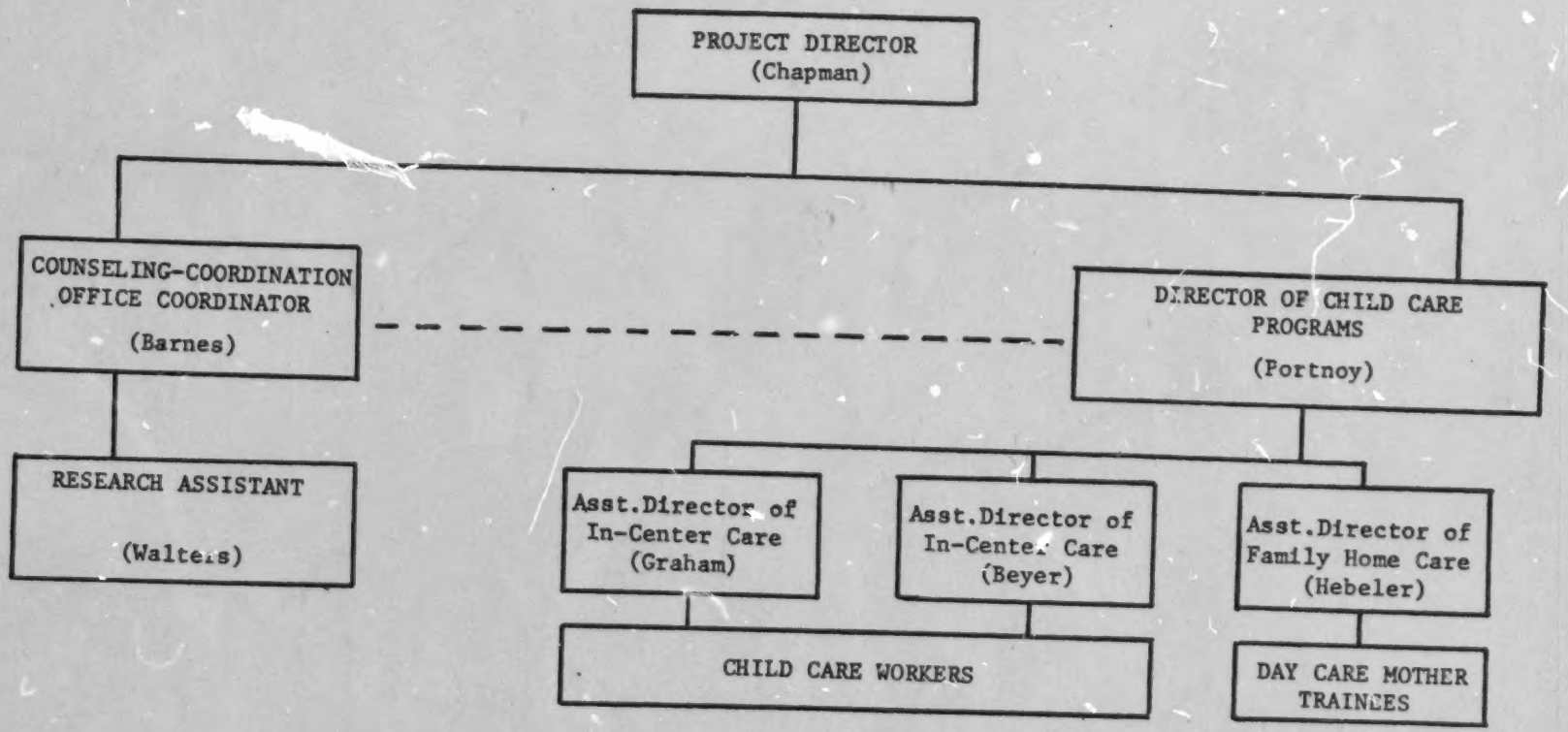

FIGURE 2

ADMINISTRATIVE STRUCTURE

JANUARY, 1973

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The OCD site visit of May, 1973, provided the catalyst for another administrative reorganization. Partly because Chapman was not able to devote 100% of her time to the Project, partly because the relationship between the two evaluation positions was ill defined, partly because OCD wanted less Project energy devoted to the Center, administrative duties were shuffled in June, the second time in less than a year (Figure 3).

Barnes became responsible for all Project functioning, reporting to Chapman. Portnoy was moved out of the Center into the Counseling-Coordination Office with Hebeler taking a coordinative position over the ever-growing direct services components. One of the child care workers became Director of the School-Age Program in June, and a new director of the Family Home Care Program was hired in August.

The major effect of these moves was to confuse the child care workers in regard to "who their boss was." Meanwhile, Graham and Beyer, who were originally hired to be role models for child care workers, were removed even further from contact with children. Even though Barnes devoted 100% of his time to the Project, Center personnel still believed "the buck stopped" with Chapman; Center staff were now one step farther from the perceived real authority.

Between June, 1973, and February, 1974, frustration continued to grow for child care workers and the co-directors. Beyer resigned in September, 1973, submitting a long letter outlining his philosophy of child care and giving instances of his disappointment with child care workers. Graham, who took sole responsibility for running the Center when Beyer resigned, was in a classic double bind: her expertise was with children but she was required to do paperwork and be the interface between the child care workers and the evaluators. She could not please anyone, including herself. Graham resigned at the end of February, 1974, after a great deal of bitter feuding with other administrative staff around the issue of "job description."

During all this time the turnover of child care workers was high. Fourteen had come and gone in the first 18 months of Center operation. (The normal number of child care workers was seven.) Child care workers seemed not to trust the administration. They were told that their jobs were the beginning of a "career ladder" in child care, but, in reality, there was

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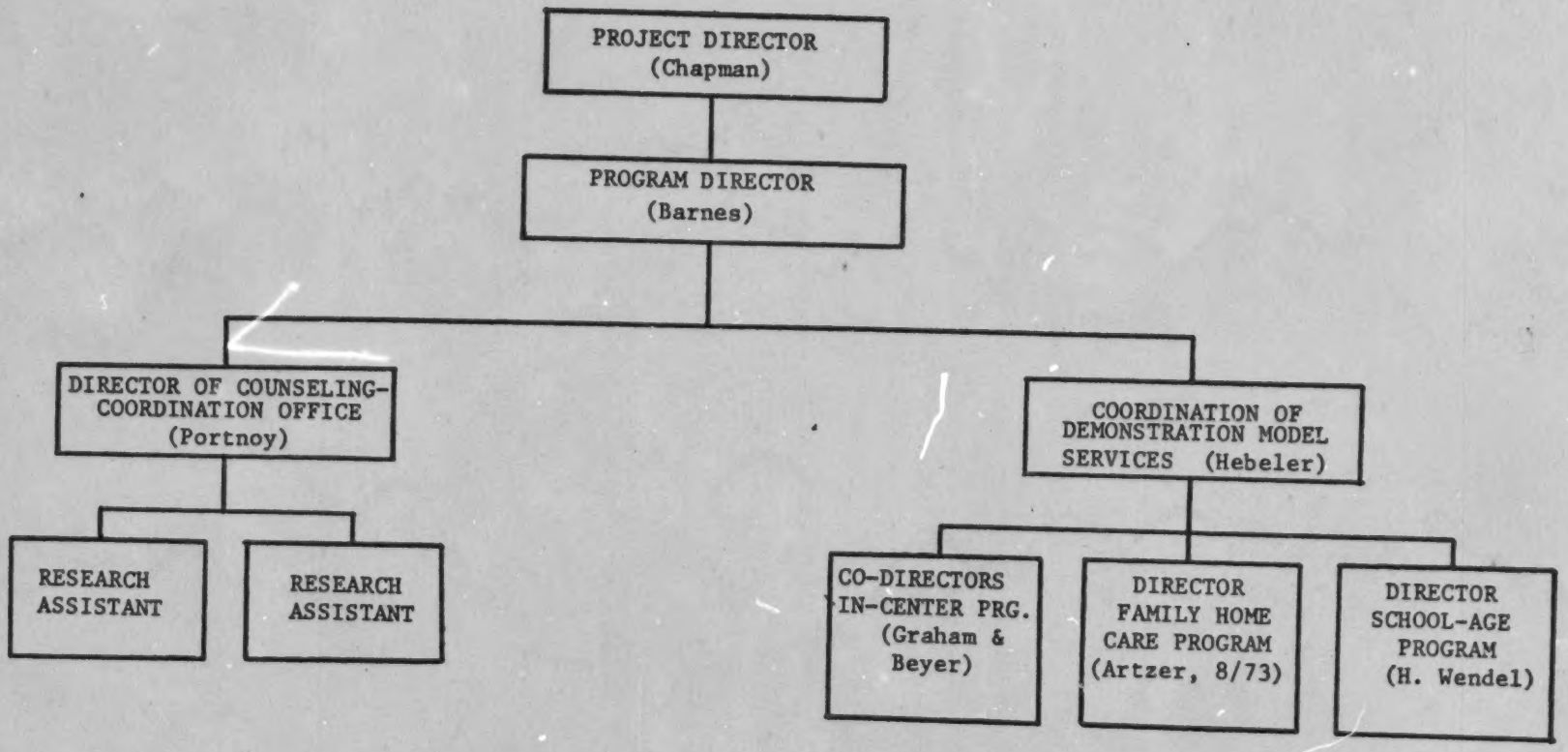

FIGURE 3

ADMINISTRATIVE STRUCTURE

JUNE, 1973

nowhere to go: they were already making a higher wage than most center directors in the Denver area. They were well-paid in relation to other child care providers, but they felt poorly paid in relation to other Project staff; child care workers received $5,000 per year while the Center Director received $14,000. They were to be given training in child care, but training consisted primarily of lectures and exhortation,even though child care workers were not, for the most part, academically inclined. They needed strong leadership, but they observed a lack of decisiveness; the choice between "learning centers" and "home-base rooms" was not resolved for over a year.

Salary, training, and leadership contributed to child care worker's distrust, but "job security" was more important. In December, 1972, two child care workers had been dismissed and one suspended because of problems with their attendance and attitudes. Feelings ran high: Why was one suspended and the other two fired? What were the real reasons? Who will be next? Child care workers sought comfort with child care workers. Administrators stuck together. This stimulated the growth of the we/they,workers/administrators, service people/evaluation people malignancy that plagued the Center until March, 1974. This cancer was fed by virtually every encounter child care workers had with administrative staff.

By March, 1974, when a new Center director was hired, the emotional milieu at the Center was different. The evaluation program was nearly at an end; almost all the "old" child care workers were gone and new, experienced ones hired; there was talk of closing the Center; and the administrative structure was changed again (Figure 4). Each of the program components were placed at an equal level, all responsible to Barnes. The coordinative position occupied by Hebeler was divested of its administrative function to allow greater concentration on the delivery of special services. This structure remained essentially unchanged (except for some personnel changes) until the Center was closed in August, 1974. During this time, the Center ran smoothly.

Many of the failures, the shortcomings, the disappointments at the Center, or throughout the Project, could be attributed to individual inabilities, but we are persuaded of the importance of looking beyond blame. Certainly,

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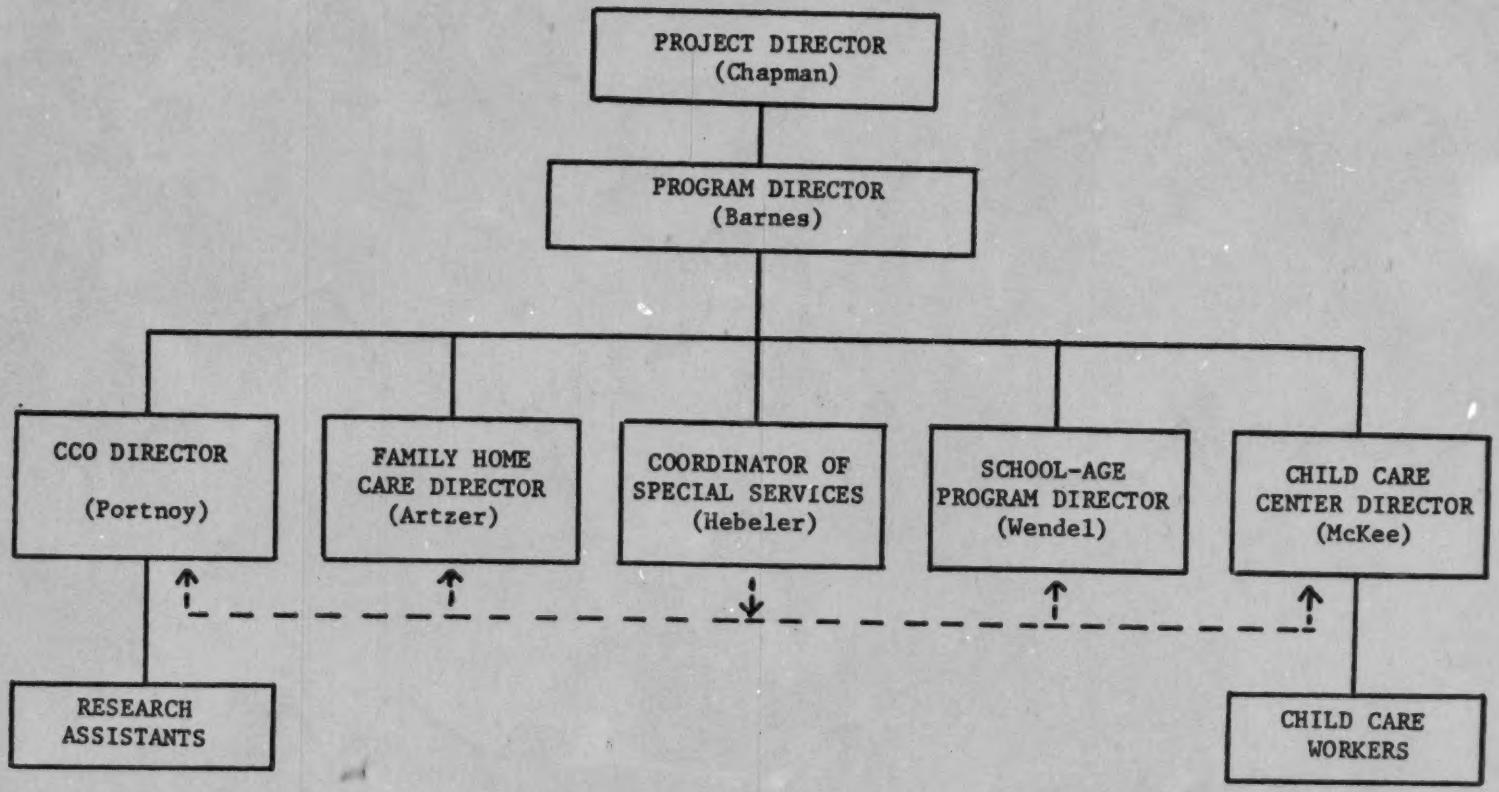

FIGURE 4

ADMINISTRATIVE STRUCTURE

MARCH, 1974

everyone had their own problems and interpersonal styles which occasionally interfered with their work, but we believe that most of the problems we encountered would have occurred no matter who was in which position. The problems lay more in the initial goals of the Project and in the administrative structures implemented to achieve those goals.

The Project was characterized from the beginning by an excessive verticality and an overwhelming number of administrators, which was most apparent in the Center program. In retrospect, the solution to problems arising from inability to make decisions lies in diminishing the number of administrative persons and expanding their authority, not in sharpening definitions of responsibilities of a growing body of administrators. Vertical administrative structures seem to give people more responsibility than authority. Authority must be consonant with responsibility.

Personnel Selection and Training

Chapman and Portnoy hired the two Head Child Care Workers in August, 1972. Head Child Care Workers were in a key position: they were to work with children and their parents, be role models for the "non-professional" child care workers, see that individualized child care planning was carried out, and assist the Center Director in planning, implementation, and evaluation of the program. Project staff was committed to giving children experience with caregivers of both sexes, of many ethnic origins, and of various ages; Ms. Naomi Graham and Mr. Phil Beyer, met these goals for diversity. Graham was Black, female, and had experience as a mother and a Head Start aide. She brought with her a humanistic, experiential mode of relating to children. Beyer was Anglo, male, and had just completed a traineeship in child development. His skills were more in the area of structural programming for learning. The complementation of skills seemed ideal.

The two Head Child Care Workers and the Center Director selected the non-professional child care workers (as they were called at that time). Crucial considerations used in hiring child care workers, in addition to maximizing heterogeniety, were an expressed "interest in a career in child care" and a "minimum of experience or formal college-level education." (November Report, p.46) The implied message was that by hiring child care workers with no previous biases about child care they could be trained to do

things the "right way."

Head Child Care Workers and the Center Director judged applicants on the basis of 12 attributes:

1. Willingness to work with and be responsive to parents,
2. Expressed comfort or successful experience in working with all ethnic and racial groups,
3. Motivation for training,
4. Desire for or proven commitment to a career in child care,
5. Warmth,
6. Spontaneity,
7. Flexibility,
8. Access to the child in themselves,
9. Appropriateness as a model for children,
10. Effective communication skills,
11. Liking children, and
12. Ability to perceive oneself more broadly than in the role of "teacher."

Staff selected nine child care workers from a field of fifty-five applicants, who provided a mix of sex, ethnic origin, and age.

The training program immediately ran into difficulties. Fitting everything inexperienced people needed to know about taking care of children into a 3-week program required rather long hours of rather bookish stuff. Child care workers had been selected on the basis of their lack of formal education, although most of them were of college age. It seems possible that these people had self-selected out of college because they did not enjoy, or perhaps did not do well, in academic situations. But an academic situation is exactly what they confronted for 3 weeks before they saw any real children. Lectures, seminars, workshops, and video tapes strongly resembled "school." Child care workers, at best, gained a rudimentary knowledge of child development and child care. On-going training remained a necessity.

Nap time, just after lunch, seemed to be an ideal time for in-service training sessions; sleeping children do not need intensive supervision. This worked well for about 3 months, but when one child gave another a new hair style, staff decided that closer supervision was necessary. After that, training sessions were split into two groups with one group of child care workers supervising children while the other was in training. The difficulties of split-training sessions should be obvious: someone always missed something.

The content of training sessions was determined, in part, by everyday problems encountered by child care workers, and, in part, by theoretical concerns of administrative staff. The style of delivery was less well-planned. Presentations were often abstract (even abstruse), always academic. One of the Head Child Care Workers used to deliver the message, "You should plan activities more thoroughly," but seldom gave examples of how to go about it.

If child care workers came away from the training sessions without similar ideas of what was expected from them, it was not entirely the fault of the diversity among themselves. The Head Child Care Workers and the Center Director did not seem to be able to develop a coherent point of view or philosophy of child care which they wished to convey. The differences which seemed so attractively complementary at the beginning began to appear threateningly divisive.

Philosophical differences, in addition to confusion about whether children were in "home rooms" or "learning centers," struggles over authority and responsibility, and a multitude of small irritations, contributed to a rather desultory training program. Administrative re-structuring increased the distance between Head Child Care Workers and children; they could not train through modeling. As they became more involved in "administering," their effectiveness as teachers declined; they had less time to plan child-related activities or to give individual attention to child care workers. Administrative staff and child care workers agreed that the training program had not worked very well.

By the March, 1974, restructuring of the Project administration it was virtually certain that the Center program would not be continued into the Project's third year. "Training" reduced to an occasional, informal discussion of problems in Center staff meetings. Staff dropped the elaborate training program in favor of selecting experienced child care workers.

Program Changes

Several related program issues emerged at the Center which were never well-resolved. These issues appeared to staff as either/or choices and were often stated in pairs of opposites. The earliest issue to present a

problem was whether to group children according to age or according to interest (home room versus learning centers). Closely related to that was the philosophical issue: Do you plan children's activities for them or let them "do their own thing?" A third issue was more political: Are child care workers to be educators or to be surrogate mothers? While it should be obvious that these are not true opposites and that a continuum does not exist between the poles of the expressions, staff perception of the issues seemed always to force them into a dichotomy.

Although the original proposal envisioned a home room form of operation with children of the same age based together, Graham and Beyer began developing a group of "learning centers." Inasmuch as there were more child care workers than children during the early months of Center operation the learning center approach permitted Graham and Beyer more opportunities for demonstrating appropriate caregiving and interacting styles. As more children were enrolled, confusion over mode of operation increased. Some staff tenaciously held onto the learning centers; othersretreated to "their" rooms with "their" children. The administrative decision to extend the age range to include 2 1/2-year-olds also had its impact. Staff found planning activities for 3-6 year age range difficult enough, but they were often overwhelmed by the youthfulness of the younger children. Integration of 2 1/2-year-olds into group activities proved too difficult; "home rooms" finally won out.

Once the learning centers died, however, the impetus to provide a variety of planned activities for children seemed to fade. Individual child care workers who had previously taken responsibility for particular learning centers (e.g., science) continued to provide those kinds of activities for their children, but other kinds of activities (e.g., art) were notably lacking for that group. Child care workers who had not been previously involved in learning center activities provided little more than loving care and unstructured play.

When child care workers found that the training program did not meet their needs, they fell back on "instinctive" reactions to situations. Lack of experience with children certainly did not mean a lack of opinions about children. There was an "instinctive drift" to two divergent philosophies: "childrens' experiences must be structured" versus "children should be free to do their own thing." The split also seemed to divide child care workers

along age lines; the younger people favoring the "do their own thing" approach.

Child care workers at the Center suffered from one of the major afflictions of the field of day care in general: There is a strong tendency in our culture to over-emphasize the teaching of children and under-value the nuturing of children. (cf. Artzer, 1975). Caregivers who were not by nature teachers leaned toward more of a "mothering" style of caregiving. Administrators believed that this style was inappropriate. Administrative emphasis on professionalizing child care left many child care workers without a style with which to relate to children, so they frequently did nothing.

The lapses from ideal programming can be largely attributed to the lack of experience of the child care workers in combination with administrative inattention. (The later child care workers, who had all had teaching experience, planned a variety of experiences for children with little or no administrative input.) A great deal of confusion resulted from the stream of changes in administrative structure. In addition to adapting to changing roles, administrators were responsible for developing yet other aspects of the Project. The growth of the Project from Steering Committee to total comprehensive program was planned to occur in stages during the first year. If two or three years had been allowed, it still might not have been sufficient time. Just as one program became functional, before it had stabilized, another demanded attention. Previously trained child care workers might have been able to handle it, but inexperienced child care workers felt deserted and alone. Time enough for establishing group norms had not elapsed. Child care workers had been "trained," but they had not been "socialized."

Another program issue which was never well-resolved was related to parental involvement. From the beginning, Project philosophy encouraged parents' participation, offering various kinds of involvement opportunities: visiting the Center during the day to observe their child, eating lunch with their child and his/her group, helping out in cleaning and decorating work sessions at the Center, assisting on field trips, attending meetings addressing parent concerns and topics of interest, browsing through the pamphlets and books or the toy-lending library, and participating in Child Care Project Advisory Board meetings. Most parents did not avail themselves

of these opportunities; a few did. Those who participated in one way, predictably, were the same ones who participated in other ways and were usually either mothers who did not work or fathers with extremely flexible hours. A former Child Care Worker offered the opinion that parents who got involved often felt that their input was not taken seriously enough and simply de-invested.

Screening, Assessment and Special Services

The Center provided some of its best services, and some of its worst, in the area of individualization of services. The original model called for every child to be given a battery of developmental tests before or upon entering the Child Care Center, followed by other health screenings. Each child would have a tailor-made program to assist the family with his/her areas of need. However commendable in spirit, this goal was difficult to realize.

With the notable exceptions of the School of Dentistry and the Pediatric Nurse Practitioner program, Medical Center programs and personnel were not available for screening or treatment of Center children. There was considerable vigor in dental and visual screening shortly after the Center opened when there were large numbers of children to screen, but after the initial flurry, screening of new children was catch-as-catch-can. (New programs always received a lot of attention, but little effort was invested in maintaining programs--there was always another new aspect of the program to develop.)

Developmental assessments of Center children were exhaustive: the Denver Developmental Screening Test, the Slosson, the Beery Test of Visual Motor Integration, and the California Test of Social Competency were administered by child care workers and Center administrative personnel. In addition, CCO staff obtained an elaborate developmental history in a one-hour interview with parents. These procedures detected one developmental deviation among seventy-one children. The results did not bolster the sagging pillar of strength required to perform these evaluations. A former Child Care Worker offered the opinion, retrospectively, that daily contact with and observation of the

children provided more information than the developmental assessment program, but that the administrative staff did not seem responsive to requests for special services. The needed resources were often not brought in; families were frequently not contacted for routine followup.

From October, 1973, until March, 1974, Center staff originated requests for special services by means of the "problem paper." (For a full description of problem paper data, see Appendix A.) Of the 72 problems reported in the Center, 58 (81%) were child-focused problems, 9 (13%) family focused problems, and 5 (7%) caregiver/setting-focused problems. Child-focused problems were largely behavior management problems (38/58 = 66%) with the remainder related to health and developmental issues (20/58 = 34%). Most of the problems reported were resolved immediately (44/58 = 76%), involving discussion with parents or other staff members. Fourteen problems required further action. Hebeler, who became Coordinator of Special Services, was involved in 10 of these extended action problems. Behavior, health, and transportation issues contributed three problems each and there was one caregiver problem. The main difference between these problems and those handled without Hebeler appeared to be that the former more frequently involved working with Medical Center personnel other than Child Care Center personnel, e.g., pediatric nurse practitioners, psychology trainees, and speech therapists. Immediate action problems that involved Hebeler were primarily related to health and behavior problems that child care workers could not handle themselves, often involving a conference with the child's parent. Frequently, people would turn problems over to Hebeler because "that was her job," even though they acknowledged that increasing distance between problem discoverer and problem solver often decreased the probability of success in resolving the issue. Staff perception and data agree: The position of Coordinator of Special Services seems not to be justified. Problems are more expeditiously handled by the person who discovers it, if they either have the skill or can readily obtain advice.

Individualization of services has been difficult to pin down. Many incidents were too small to be documented but were beneficial to the children involved. Children going through divorce or other family trauma often received extra love and attention in anticipation of development of problems. Child care workers frequently discovered special talents or

interests of individual children and were able to facilitate their development. Successes were made a small step at a time; failures were always easier to locate. Staff noted that one child was alternately extremely aggressive without provocation and excessively passive. He also stuttered, repeated sounds, and, sometimes, entire words. These problems persisted for over two months, during which time staff discussed different approaches to his behavior problems. When he became ill and went to a hospital, the physician discovered that the child had a brain tumor. No one at the Center ever suspected that there might have been an organic basis for his behavioral problems. Staff never suggested that he see a pediatrician.

Evaluation

Evaluation at the Center can be differentiated into two categories: program evaluation, which dealt with how the Center met Project goals in general, and service evaluation, which dealt with patterns in the delivery and use of services. Neither quite got off the ground. Center staff found that providing good care for children and evaluating the process of care-giving were in conflict. Child care workers opted to take care of children, leaving Center administrators and CCO staff to take care of evaluation. This split contributed to feelings among child care workers of being second class, usually misunderstood and unappreciated, always overworked and underpaid. That child care workers were generally less well-educated than the "research people" added to the division. Not only did child care workers find little time for keeping records for evaluation purposes, but they also felt inadequately articulate in comparison with the readers of their records. Both issues are easily influenced by passive-aggressive responses to hostility. Add to these ingredients a lack of feedback of results and an administration perceived as unresponsive to child care worker input, and you have a formula guaranteed to all but stop the flow of data.

On several occasions, the evaluation staff initiated survey-type program evaluations.[4] In April, 1973, just prior to the outside evaluation, Project staff and Center families assessed the degree to which the Center met the 46 Quality Child Care Setting Criteria established before the Project began. Center staff ranked the program the highest (41 of 46 criteria met) parent

consumers next (38/46), and other Project staff third (31/46). While the more distant staff may not have been sufficiently familiar with the Center program to evaluate it correctly, the results are confounded by the possibility of a self-serving evaluation by directly-involved staff. A second, open-ended survey of Center parents in May, 1973, recorded 62 positive comments and 24 negative comments about the Center program. The negative comments did not cluster in a way to direct improvements in the program. In October, 1973, Chapman initiated another survey of Center parents when she became distressed by the "deplorable condition" of the Center's state of cleanliness. Parents did not share her concern; their responses reflected satisfaction with the "way things were going."

Each of these surveys tended to reflect the often-made observation that child care professionals are generally less content with child care services than are parent consumers. Perhaps the differences between professionals and parents are exaggerated by cognitive dissonance: the parents have entrusted their child to the program, therefore it must be OK; the professional must confront unmet goals for the program, therefore it must not be OK.

Many aspects of parent and child interaction with Project staff invited evaluation: What do parents talk about with their child's caregiver and does this change over a period of time? What special needs are associated with different family situations? Do single-parent families use a different pattern of services than two-parent families? Answers to these questions, and others, were to provide the direction for the development of the service model to serve more effectively the child-related needs of Medical Center families.

During the first year, service evaluation asked open-ended questions which required child care workers to write down the contents of every interaction with parents, keep a daily log of observations about each of eight children, and note the reasons for a child's absence, who provided alternate care, and in what way did the alternate care incur cost to the parents (lost work, hired a "babysitter," etc.). Paperwork fatigue developed quickly: Parent Contact Forms[5] decreased in frequency, entries in logs stretched to cover several days, and attendance records (also used for billing) showed a general lack of attention. (This is not to say that no data came from the Center, but

that Center data must be interpreted with these biases in mind.) Data collection during the second year was slightly less diffuse. Staff concerned with internal evaluation proposed several specific hypotheses to be tested, restricting data collection to those issues. The requirement for noting all contacts with parents was dropped, keeping the logs became a recommended rather than required activity, and illness and absence records were split from billing records and kept only one week per month. Ignoring previous resistance to keeping open-ended records, evaluation staff requested child care workers to record "anything that was expressed as a problem" regarding children, families, and caregivers. The "problem paper" also provided space for recording follow-through procedures, if they occurred.

Among the areas of concern expressed by the Outside Evaluation Team (May, 1973) was the lack of an "on-going and effective internal evaluation system." This was answered, in part, by formalizing hypotheses about the use of Project services. Center staff also felt the need for evaluation of program delivery. The Center Co-Directors, desiring an objective and detached evaluation, (and, likely, less demand on their own time) preferred "outside" observers. The child care workers fearing that "outsiders" would not be present for enough time to "understand" some of the apparent confusion at the Center, held out for the Co-Directors performing the evaluation. Service evaluation reduced to time-sampling-of-behaviors performed by the Co-Directors. They walked around the Center, notebooks in hand, peering into the various activity centers and home-base rooms for brief intervals. The prevailing feeling of the child care workers was (again) one of mistrust. They felt spied-on. They feared for their jobs. The internal evaluation of services was dropped.

Conclusions and Recommendations

The Center suffered from many problems, most of which can be summed up in one phrase: The program was over-ambitious. There were too many components to develop from scratch in too short a time. Fewer components or more time or both would have been appropriate.

A comprehensive Center program is still desirable. Having special services easily available to parents and children, developing a set of

child care providers from previously unexperienced persons, involving parents with their child's day care experience all are laudable goals. The Center did not accomplish those goals.

Although the Center did not furnish a model to emulate, it did provide guidelines for development of future programs, primarily through examples of what to avoid:

1. Avoid overlapping authority, vertical as well as horizontal. We recommend giving a person as much control as possible over their area. A person's performance seems to approximate the level of expectation placed on their performance. It seems more likely that a person will grow into a position with expanded authority if they have fewer authorities above them. Over-protectiveness stimulates dependency in children or employees.

2. Avoid the title "coordinator." It implies neither responsibility nor authority. Coordination can be better achieved by proper use of vertical organization. The structure in Figure 4 approximates good organization, given a part-time project director.

3. Avoid part-time project directors. The project director is often the only person with a thorough conceptualization of the entire project. Interposing a program director between the project director and the rest of the staff increases verticality and decreases coordination.

4. Avoid wide differences in salaries with no "middle ground"; it enhances the tendancy of lower paid employees to feel oppressed.

5. Avoid putting development of evaluation procedures exclusively in the hands of administrators. Any inclination towards a split between working and ruling classes will become more acute. A low-paid evaluator working in the Center could have reduced passive aggression in data collection.

6. Avoid geographical divisions along the same lines as any potential we/they splits; "they" are thereby easier to identify.

7. Avoid separate groups working towards separate goals; that facilitates we/they factioning. Keep superordinate goals in sight of all people at all times.

8. Avoid making promises you cannot keep or statements that you may have to reverse. People always feel cheated if they get something different from what they have been led to expect.

Chapter 3

The Family Home Care Program

Throughout the development of the UCMC Family Home Care Program its goal has been to contribute to the Child Care Project's "comprehensive-coordinated" child care plan--to help offer many types of child care environments to the UCMC employee and student. The intent was also to extend the special services the Medical Center community has to offer in areas such as child development, speech, nutrition, and psychological counseling to the families and children in the family home care setting, as well as the Child Care Center.

Family Home Care Program: January, 1973 - August, 1973

Staff. The Family Home Care Director, Ms. Charlotte Hebeler, was responsible for planning and implementing the Family Home Care Program. Hebeler worked closely with the Child Care Center Director and the Counseling-Coordination Office in developing appropriate child care plans for families. Hebeler's background included a Master's Degree in Community Health Nursing and active participation in early planning and proposal writing of the UCMC Child Care Project.

History. The Family Home Care Program was phased into the Child Care Project's overall systems model in January, 1973. This program, as originally planned, would be satellite to the "hub" of all child care programs, the Center.

> "Our original proposal called for recruitment of family home care trainees who had not previously been in family home care and provision of a full-time stipended two-month training program for them. At the completion of the training program, the Project would offer assistance and consultation to these child care workers in their satellite homes and refer consumers from the CCO to them as appropriate." (Year I Report, p. 68.)

The Project asked day care mothers to maintain certain data, such as attendance and illness forms, etc., in return for being a part of the training

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program. Day care mothers participating in the program received a $250 monthly stipend. Four women were recruited from the area surrounding the Medical Center.

> "Recruitment efforts included distributing leaflets in shopping centers in the East Denver area (which brought six inquiries and one application), news releases to media which involved ten radio stations, four TV stations and three newspapers (which netted thirteen inquiries and one application), and personal visits to Action Centers and licensure agencies." (Year I Report, p. 68.)

> "Day care mothers brought with them widely variant attitudes on discipline (some believe in spanking, another looked horrified at the thought) and on what child care is all about, what it's for and what effects it might have for a child. But they all enjoyed children, doing things with them and learning more about them." (Year I Report, pp. 69-70.)

Daily, full-time training consisted of 8 hours per week in a classroom/discussion group, 4 hours in individual study sessions and the rest of the time spent working with child care workers in the Center (see Appendix B). The training experiences of the day care mothers were closely related to the on-going training of Center child care workers. The establishment of a "colleague relationship" between child care workers and family day care mothers was encouraged. This, however, did not happen. A day care mother was more of an assistant to child care workers. We found that child care workers and day care mothers, first, had little time during training to develop relationships, and second, the two child care environments were very different from each other; they consequently had little in common. Many child care workers could not fathom caring for infants--they were more oriented towards the pre-school age. Day care mothers were perceived to be "babysitters" by child care workers. Day care mothers were overwhelmed by working with the large number of children in the Center.

Day care mothers were oriented to child care using the Center as a vehicle. The first year progress report explains:

> "The restriction of practicum to an in-center setting was not a negative experience even though we had wished for more breadth. It did sensitize us to emphasizing differences more definitively in discussions and readings. Several times during classroom discussions of specific activities which trainees had carried out with children in the Center, they remarked that this could easily be done at home as well." (Year I Report, p. 71.)

After evaluating the first training session, the Project staff decided to broaden the approach to include existing family day care homes and various community resources as the training ground for the Family Home Care Program. Recruiting existing day care homes into the program for the second year was planned in order that the experience and knowledge day care mothers obtained during the training sessions could be applied directly to the day care children in their own homes.

Family Home Care Program: August, 1973 - May, 1975.

Philosophy. In administering the Family Home Care Program from August, 1973 to May, 1975 program staff at that time not only focused on coordinating the needs of children and parents in the model but offered resources to the day care mother. The need for professional identity is great among caregivers. Day care mothers, particularly because of their isolation in the day care home, desire more contact with other early childhood educators and community resources. Consequently, the Project endeavored to make resources available to day care mothers to enhance their professional self-image and to help establish a permanent support system for day care mothers.

Local social service agencies, in general, have not given the stimulation and support needed by day care mothers to ease their isolation and raise the status of family home care. Licensing has focused on the health and safety aspects of day care homes. The Colorado licensing process entails an application, a fee, physical examinations for the day care mother and her family, and a brief look at the physical conditions of the home. However, the quality of the day care home depends upon how a day care mother feels about herself, her experiences, and her information about children and the community. She needs resources. A day care mother is home alone with

four to six children daily and her loneliness and isolation are predictable. She needs support. The introduction to family home care should be a "big deal" from the start--children are a "big deal." A day care mother's introduction to operating a day care home will cycle back to the day care child. Day care mothers should be informed of all aspects of family home care, good and bad.

Staff. In August, 1973, Hebeler was promoted to another position in the Project. Following her recommendation, a new Director, Ms. Constance Artzer, was hired with experience as a former day care mother and a background in community development programs. Artzer was completing her B.A. in sociology at the time she was hired. In April, 1974, the Project hired another full-time staff person, Ms. Jacqueline Hope, to work with Artzer in planning and carrying out the Fall, 1974 Workshop Support Program. Hope had previous experience as a family day care mother, field worker for a federally-funded family home care program, and experience working with various community development projects.

History. A total of 24 day care mothers were recruited during the second and third years of the Family Home Care Program. Fifteen day care mothers were recruited in September, 1973, including the day care mothers from the January to August, 1973 Family Home Care Program. Nine more were recruited in September, 1974. Day care mothers were recruited in zip code areas surrounding the University of Colorado Medical Center. These areas of Denver include middle- and upper-middle-class neighborhoods. Women were recruited by means of a newspaper advertisement that read: "Early childhood day care needed! Women, create a good family day care home for infants and toddlers and a career for yourself." In one week we received 25 responses. We followed up each response with an appointment for a home visit to discuss the program. Day care homes did not have to be licensed to become a part of the program, but we encouraged each day care mother to obtain a license. During the first home visit we asked to tour the day care home but did not stress looking over the physical aspects of the home; we focused on the individual woman, upon her needs and concerns. The majority of the homes were very acceptable in our estimation, and any changes to be made in the homes we felt would come about through peer group discussion in workshops and home visits by staff and day care mother consultants.

Feedback from day care mothers about this approach was that we were, perhaps, too vague. We should have spelled out clearly the objectives of our program. We did not actually say, "We hope you will feel better about yourself--we want these workshops to improve and/or maintain the quality of your day care home." We planned workshops with this as an unstated theme. As we look back, it seems we were caught up with each individual workshop and did not maintain an overview of the program. We realize now that perhaps we should have been more clear and specific about our goals.

In the '73-'75 program we used the term "workshops" rather than "training." In talking with women in their homes, we felt their isolation and, for some, their sensitivity to being trained. "I don't need training; I've been around children all my life," or, on the other hand, "I'm learning so much with my grandchild that I wish I had known when I was bringing up my own." The term "workshop" seemed to "straddle the middle" and to be comfortable for day care mothers. For some it has been training, to others, a time to compare notes and just talk. For everyone this has been a valuable time to see the reflection of developing identity.

Support Offered to Day Care Mothers

Day care mothers in the program had access to several different kinds of support, including the Counseling-Coordination Office, workshops, home visits, toy-lending library, and direct relief.

Counseling-Coordination Office. Parents came to the CCO to find day care for their children. Information about day care homes or centers (type of program, location, rates and vacancies, etc.) was kept to share with parents who were employees and students of the Medical Center. (See Chapter 5 for a full description of CCO function.)

The CCO was a good resource to caregivers in many ways. Day care homes in the Medical Center area received children from this referral office. This office also helped to stabilize the day care home profession. When CCO staff talked with parents about their child care needs they tried to stress to parents the importance of taking time to find the right place. They tried to slow down the scurry of parents who will try to find child care overnight. By doing this the CCO helped to raise the status of child care, making it

a worthy, although time-consuming task, and, hopefully, a high priority for parents. Very often day care mothers have had children withdrawn from their homes on short notice. CCO staff was frequently able to counsel with parents about day care mothers' needs, particularly in regard to issues of routine business considerations, such as on-time payment and adequate notice of termination. Day care mothers called the office to notify the staff of a vacancy, whether or not the vacancy appeared unexpectedly, and seemed to enjoy talking with staff members who understood and would sympathize with their situations. In addition to the services the CCO offered, it also helped day care mothers to understand better the meaning and comprehensiveness of our project.

Workshops. Workshops served a number of purposes including enhancing the feeling of self-confidence and professionalism among day care mothers and allowing day care mothers to exchange ideas and share community resources.

The workshop program consisted of four sets of workshops (see Appendix C) which were planned in part by day care mothers. The content of the workshops included such topics as early childhood development, health and safety, language development, business aspects of a day care home, music, homemade art activities, and tours of day care homes and resource centers. Many of our ideas and materials for the workshop program were borrowed from and exchanged with other family home care programs in the area. The first three sets of workshops were planned for the first group of day care mothers who were recruited in the Fall, 1973. A fourth set of workshops for the second group of day care mothers (recruited in the Fall, 1974) was planned in coordination with the workshops presented by the Denver Day Care Mothers' Association.

Scheduling workshops was a difficult task; consequently, schedules varied. Most were at night, but occasionally we would have a daytime workshop where day care mothers would leave their day care children with a substitute. Our first sessions in October, 1974, were very concentrated. We met one day and one evening per week for four weeks. Day care mothers felt this was too much in one month. We scheduled very few workshops the next two months because of holidays. Then, in January, we resumed with a less concentrated schedule.

Home Visits. Home visits provided the opportunity for day care mothers and staff to develop a relationship and to discuss the program and individual needs. We found that home visit schedules were affected by weather, family situations, and staff involvement. It is important to be flexible when planning home visits. We found, too, that is was important to have prepared an activity or idea to take into the home, but also to be prepared to change it to meet the needs of the day care mother that particular day.

During the first three sets of workshops one home visit was planned each month with each day care mother. Staff and day care mothers spent their time together getting to know each other better, working on a special activity with the children, or talking about personal concerns.

For the Fall, 1974,program Project staff developed a new approach to the home visits, asking day care mothers who had participated in the first three sets of workshops to become consultants to a new set of day care mothers. The consultant role was designed to facilitate interdependence among day care mothers, enabling them to support one another in the absence of federally-funded projects. For this new program, the Family Home Care Program staff divided responsibilities; Artzer resumed planning workshops and organizing materials while Hope served as a support and resource person to consultants. Hope conducted a workshop for consultants to discuss their new role and to distribute materials and handouts to assist in planning home visits. She also met regularly with consultants to help them with their new roles.

Direct Relief. Another aspect of our support system was direct relief. Staff, with advance notice, would substitute for family day care mothers who needed to go to the doctor, do some shopping, or just "get away from it all" for a few hours. This helped the staff to keep in touch with the realities of the day care home and helped day care mothers to renew their energies.

Direct relief occurred about three to four times a month for the total group during the first six months of the Family Home Care Program. It turned out to be a very needed resource and too time consuming for the limited staff. During the remaining time of the Project we relieved the day care mother in case of emergency, but we encouraged day care mothers to work with each other to develop a relief system. Most day care mothers think it is an

important resource, if not the most important, but feel doing it among themselves is too overwhelming to try to match erratic schedules that are always present in a day care home.

Toy-Lending Library. A budget of $300.00 was allocated for buying toys, books, and records for a toy-lending library. The purpose of this library was to provide toys that could not be made in the home or were too expensive for day care mothers to buy.

Three types of organization for the delivery of toys was tried:

1) The staff brought toys to the home during home visits. This was successful, but a great deal of work. We wanted the day care mothers to become more involved in the responsibility of the library.

2) A library room in the Center was set up specifically for the Family Home Care Program where day care mothers could check out toys, books, etc., on certain days. This system received very little attention from the day care mothers.

3) One of the day care mothers agreed to be the Toy-Lending Librarian and kept the toys in her own home. She found it too much work to bring them to meetings and very few day care mothers used the library by coming to her home to pick up the toys.

4) Because of the short lifetime of our Project, we have "willed" the toy-lending library to the Denver Day Care Mothers Association. Our final attempt at finding the right plan is to house the toy-lending library where Denver Day Care Mothers Association monthly meetings are held. A toy-lending librarian has been elected to keep a record of the toys and day care mothers will be able to check our the toys after each meeting. This central location will eliminate the task of delivering toys to day care mothers and it may also stimulate more day care mothers to attend monthly meetings. We are very hopeful about this plan.

Evaluation

During the second and third years of the Project, staff used two different systems for evaluating the Family Home Care Program. Second-year efforts included a questionnaire along with illness and attendance data collection, while third-year efforts included extensive interviews with day care mothers.

Second Year Evaluation. Dr. Paul Barnes, Project Director, and Artzer implemented the second-year evaluation. They distributed a brief, written questionnaire to day care mothers during the last session of the first series of workshops. The evaluation included several "open" questions: (1) How did you feel about being a family day care mother before the workshops? How do you feel now? (2) Did these workshops fulfill your expectations? (3) Were the time and spacing of the workshops convenient? (4) What do you think the time spacing of the workshops should be? Eight of the fifteen day care mothers responded, the majority, positively. Day care mothers commented on their new interest and confidence in the profession. Several said they benefited from the resources such as the relief and the toy-lending library and said they did not feel so alone anymore. Day care mothers suggested better planning of certain workshops; most agreed, however, that ninety per cent of the workshops met their expectations. Also during the last session, staff held an oral evaluation. Most day care mothers were not comfortable with this procedure since Artzer was present, so comments were restrained. This type of evaluation could have been more successful if administered by other Project staff.

The Family Home Care Program staff also assisted in overall Project evaluation efforts by distributing Illness and Absence Forms, Attendance Forms, and Problem Papers to day care mothers in the program. (Data from these are summarized in Appendices A and D.) Although the staff and day care mothers cooperated in collecting data on these forms, they did not find them a useful tool for evaluating, developing, and improving their program. They felt very distant from this evaluation plan and the people who were conducting it.

Third Year Evaluation. Prior to the final set of workshops Artzer and Ms. Mary W. Van Vlack, Research Director, coordinated their efforts to plan an evaluation of the Family Home Care Program. The evaluation was to cover four areas: the development and enhancement of a positive self-image and professional orientation among caregivers, the development of interrelationships among and between caregivers and other support systems, parent relationships, and an evaluation of the program and its components by all participants. Information for this evaluation would be obtained through two interviews with both new day care mothers and consultants, one before the first workshop in the fall and the other after the last workshop in the spring.

The data from these interviews (see Appendix E) indicate that the Family Home Care Program did positively affect the participating day care mothers. Increasingly, day care mothers have come to see themselves as part of a larger context, their work as one aspect of the field of day care. Their range of contacts with others in the field became much broader; new day care mothers at least made the acquaintance of those in the program, and consultants reached beyond these to form many more contacts within the community. Also, through the program,participants have come to see day care as a career, some wishing to continue in family home care where they may have greater control over their working conditions and contingencies and others wishing to move into settings outside the home where they can continue to work with children and continue to practice combining nurturance with developmental stimulation. Throughout the interviews day care mothers spoke of the enjoyment they derived from working with children. This growing involvement in day care was frequently shared with husbands who became increasingly enthusiastic with time spent in the program. Discussions on working relationships with parents took place at the second interviews and displayed considerable confidence and self-awareness among day care mothers. The evaluations of the program were, for the most part, very positive and constructive, although day care mothers were almost unanimous in their opinion that the consultant system did not work. Most believed that another approach similar to that used in the second year would have been more effective.

What Have We Learned?

The Family Home Care Program, like other components of the Child Care Project,became less "academic" and adopted "actuality" as its approach to child care programs. The Project's first approach to family home care was to recruit inexperienced women into the program and channel the growth of new day care homes into the Child Care Project system and philosophy. During the Family Home Care Program's 2 1/2 years of operation, it has moved out into the community to work with and understand the needs of existing family day care mothers and the children and parents who utilize family day care homes.

Staff. A positive attitude is a critical factor in the success of a family home care program. It has been our experience that the program will

be successful only to the extent that the staff communicates and works at the same level as caregivers. Day care mothers, in particular, are sensitive to their low status. It is important that the Family Home Care Program is aware of this and is able to work with non-professionals without condescension. If staff members do not possess respect and understanding for the day care mother, they will find it hard to recruit her into a program. Day care mothers are weary of systems to begin with; part of the attractiveness of the day care home is that "you are your own boss."

Background and experience are also important in planning programs that involve day care mothers. We recommend that staff receive in-service training in day care homes, if they do not already have this kind of experience. An understanding of the following is important: what day care mothers call themselves, how much money they get paid, why they are doing this kind of work, how they feel about early childhood education, and how they feel about licensing. These all make up a language of the profession. The staff's knowledge of this language will determine the success of the program.

We recommend that staff feel fairly comfortable in the following areas: (1) experience in the day care home, (2) how to organize community groups or communications, (3) interpersonal relationships, (4) verbal and non-verbal communications, (5) awareness of community resources that relate to family home care, and (6) problem solving--how to identify a problem and knowing whose job it is to solve it.

Recruitment. Our first approach to training was a full-time classroom and practicum experience for day care mothers. The Project wanted to "start from scratch" with women who were not yet operating day care homes. (This concentrated training virtually insured starting "from scratch": day care mothers had to spend the whole day in the classroom or working in the Center. Few women had this time.) Administrative staff evaluated this approach and decided to recruit day care mothers who were already operating existing day care homes, training them on a part-time basis. This appeared to be a more economical use of time and money. The Project's initial position was to screen all applicants, being very selective about the day care mothers admitted to the program. Our position now favors the creation of a program that meets the varied needs of different day care mothers. It should be a self-selective

process. Day care mothers will find something that they need in the program or select out.

Philosophy. The Project anticipated a deluge of applicants in the first recruitment effort, but the deluge turned out to be a trickle. We feel that the reason related to the staff's professional knowledge of and lack of experience in the field of family home care. Early Project script referred to day care mothers as "free-lance child care workers" or "family home care child care workers" instead of day care mothers. Day care mothers could not identify with these titles. Staff needed to find out where day care mothers were coming from rather than impose Project biases on them.

One indication of the lack of empathy was the contract day care mothers were asked to sign at the completion of their training. The contract was written very much like a "stuffy" legal document, "where as" and "herein" included. That day care mothers would be intimidated should have been anticipated and avoided. The contract stated that day care mothers would agree to accept children from the CCO and operate their day care homes for a certain length of time. This idea was not unreasonable, but the approach created defensive communication. Furthermore, the day care mothers did not learn of the contract until they were half-way through the training. When it was presented, they then felt obligated to continue.

Training. Training in the January, 1973, to August, 1973, program was established with the Project's Center as the training ground. This was the biggest drawback of this early program. It was implied (intentional or not) that the Center was a superior training ground as opposed to the day care home. We recommend that both Center and family home care training grounds should be included in the training projects to accurately represent the two most widely-used child care settings.

We learned that day care mothers and child care workers do not have an instinctive attraction to each other. There is a great distance between the two groups because of the different styles of child care. The style for the center is large group care and for the day care home, small group care in the private home. Ideally, we think the two groups should work together. But too easily family home care falls in the shadow of the day care center.

Therefore, it is important that both are on equal ground when developing a training program that involves both groups.

We have tried to include day care mothers in the program planning. We think the future of family home care should involve the leadership of day care mothers. We learned that it is exciting to work with day care mothers in planning the content of the Family Home Care Program. We have found that a combination of standard early childhood education, covering material and information about the business aspect, activities, and self-image of the day care mother make up a good curriculum. The August, 1973, to May, 1975, program, according to feedback from day care mothers, did not have enough early childhood education curriculum in the workshop schedules.

In our last workshop schedule (see Appendix C), we combined our workshop schedule with the local Day Care Mothers' Association workshop schedule. We wanted to phase out gradually, hoping that the Day Care Mothers' Association would be able to provide support and resources to Denver County day care mothers; merging the two workshops' schedules allowed day care mothers to meet other women in the profession in different parts of Denver County. This worked fairly well; however, some day care mothers said that they had very little in common with women who live across town in a different economic area.

During the lifetime of the Family Home Care Program, we found that it was very compatible to satellite to the CCO rather than the Center. Because the CCO talked with both parents and caregivers of all kinds, we found we received a better understanding of child care settings and parent and caregiver needs. The CCO assisted in recruiting day care mothers for the final workshop program by keeping a list of caregivers who were interested in workshops. They talked regularly with caregivers while finding child care for employees. It was a natural process that turned out to be very successful. We recommend that a referral office be the "hub" that child care programs satellite to rather than a child care center. The CCO presents the "big picture" of children's, parents', and caregivers' needs.

Chapter 4

Care For School-Aged Children

As part of the comprehensive and coordinated model, the Project was committed to, in some way, deal with child care programming for school-aged children. During the period from May, 1973 through January, 1975, the Project struggled with three separate programming efforts: a summer day camp, an after-school program, and a model providing emergency care for ill children during school hours. Throughout each of these, several issues recurred: cooperation (or lack of it) with the school system, filling children's needs to remain in touch with neighborhoods and friends, paying for the care, and integration of the school-age program with the rest of the Project.

The Summer Day Camp

In the Spring, 1973 Project staff negotiated extensively with Denver Public School administrators for permission to operate a summer day camp for school-aged children based in an elementary school near the Medical Center as a pilot for future camps in schools throughout the city. That permission never came. Eventually arrangements worked out to use a nearby parochial school instead. The day camp operated from June 13 through August 17, 1973 (see Year I Report), serving about 30 children from 7:30 a.m. to 6:00 p.m. Monday through Friday. The fee was $18 per week and the program included art crafts, sports, swimming, horseback riding, field trips, and a camping trip. Mr. Hank Wendell ran the program with some part-time assistance. Parents and children who used the camp were enormously pleased with it. Unfortunately, many families (especially those with two or more children) could not afford the program, and it did not have continuity of staff or facilities to the next year. The camp received considerable support from the CCO in terms of enrollment and publicity, and from Dr. Paul Barnes in terms of evaluation but, for the most part, did not coordinate closely with other Project services.

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The After-School Program

Tne next fall Wendell attempted to make a transition from the day camp to an after-school program. Since the parochial school's facilities were tied up and the public school system was not interested in such a program he used the Center as a base. Many older children regarded this as a "place for babies" and resisted attending. The fee was about $14 a week, and for many parents this was a price too high to pay when they felt the child could go home with friends or go home alone. Wendell made arrangements to pick up the children after school and give them transportation to the Center, although only a limited number of schools could be served. For many children, this created an undesirable aspect to the program since they would be unable to play with school and neighborhood friends after school.

Altogether, only six children attended this program, despite extensive advertising, and the Project terminated it in February, 1974. The concept of a program for children after school hours remains viable, but in order to be satisfactory for children, it would have to be based in schools or neighborhood centers such as churches or recreation facilities. In order to be satisfactory for parents, of course, it would have to be of very low cost.

Emergency Care

In June, 1974, staff met with officials of the Denver Public School system to investigate the possibilities of starting a pilot program which would address the needs of children who became ill while attending school. We felt that a formalized emergency care program would help to relieve some of the pressures on emergency care brought about by children attending school in neighborhoods other than where they live.

Our proposal suggested locating and licensing at least two homes in each school boundary which would be available to care for ill children. Each school would have a list of emergency care homes, and the school system would provide transportation between the school and the emergency care home. Parents would compensate the emergency care mother for her services.

Between October, 1974, and February, 1975, Ms. Jacqueline Hope, who was working with the Family Home Care Program, contacted school officials in eight

schools, interviewed 5-10 women in each of the school neighborhoods, and worked with the licensing agency to draw up guidelines for emergency home licensing. She also began making plans for training workshops with the Red Cross, the Denver Day Care Mothers' Association, and the UCMC Child Care Project.

While the school system administrators were responsive to the idea and volunteered their medical staff for health exams of emergency care mothers and their families, money to administer the program after termination of the UCMC Child Care Project involvement was not forthcoming.

Chapter 5

The Counseling-Coordination Office

The Originally-Proposed Service

Initially the Project was committed to a broad range of goals and philosophical stances to which all component programs were supposed to be responsive. The original proposal recognized the "need to explore the unique ways in which existing internal resources, development of new resources, together with existing general community resources can be organized so as to present to the consumer a comprehensive, coordinated, child care program" (Initial Proposal, p.9). It promised a number of services for children of all ages, for families of all socioeconomic levels and cultural backgrounds, and placed strong emphasis on supporting family values and influences. The proposal held that "Parents need assistance in evaluating not only the developmental needs of their children and the qualitative potential of care settings in meeting those needs, but they also require coordinative assistance in finding the variety of settings which may be required to care for their total number of children at varying ages." (Initial Proposal, p.13.) The original concept was of comprehensive child care programming that would offer a "variety of resources or service settings from which parents may choose regardless of economic level," and a variety of quality program dimensions within each child care setting which meet individual child and family needs" (Initial Proposal, p. 1-2). Further, the program would attempt to offer parents counseling and referral to a broad array of health, educational, and welfare services.

While the original planners were primarily concerned with developing child care services for children, in order to fulfill these ambitious goals, they were forced to think beyond new direct services for children to include the concept of a counseling-coordination service for parents. All families seeking to use Project resources would begin with this service as a point of entry into the system.

The Counseling-Coordination Service was to focus its efforts in three general areas: information dissemination, development of a central information bank of community child care resources, and counseling and referral. Information dissemination efforts would include bulletins and flyers on general child care issues, how to evaluate settings, health and development of children, and the Project's services and how to use them; development of a "browsing corner" in the office for parents supplied with books and pamphlets; and a campus newsletter to which parents, program personnal, and professionals in the community would contribute. The central information bank would involve the collection and organization of data on all community resources for families and children. Project staff would develop this bank in cooperation with other local agencies interested in the same type of information. Efforts in the area of counseling and referral would be organized so that counseling with a Project staff member would precede any efforts at referral. Counseling would involve exploring with parents their needs and those of their child and assisting them in making appropriate choices from among those resources available. Referrals would take into account families' expressed needs and limitations. Beyond these activities, the service intended to be the primary point for collection of data on family needs, attitudes, and motivations and the point for contact between the Project and the Medical Center, and beyond that, the entire community. The Counseling-Coordination Service Coordinator would be responsible for these functions including all functions of the Service as well as recording and assessing data on child care references, utilization patterns, and areas of parental concern.

First Year Patterns and Decisions

Establishing the CCO. In the early weeks of the Project the new staff began to struggle with the task of turning proposal plans into an operating system. Realities along the way forced decisions and compromises that would alter the shape of the services offered.

The original proposal had called for a counselor to operate the Counseling-Coordination Service and a research assistant with training in psychometry to perform tasks for all Project components. When subsequent communications from the funding agency pressed for building additional program evaluation into the

Project, these roles were altered, turning the counselor into a director of program evaluation and of the counseling service and turning the research assistant into a combination of counselor, evaluation assistant, and psychometrist. The change in roles, combining counseling and coordination functions with program evaluation, significantly changed the look of this Project component; for the remainder of the Project's life staff members working in other components saw members in the counseling service as "those research people" and, sometimes, as a support system to themselves, but not as people engaged in any type of direct child care services. A further outcome of these role changes (and perhaps an outcome of the unique individuals selected for these roles) was that during the first year program evaluation internal to the Project took the direction of evaluating children and their parents rather than evaluating Project programs and processes.

Early plans called for placement of the counseling service in or near the Medical Center Personnel Office and at more than walking distance from the Child Care Center. Subsequent negotiations with the Medical Center led to a location in a converted apartment building across a busy street from all other Medical Center facilities. This left the counseling service not only geographically isolated from other components of the Project, but also, well out of the way of Medical Center students and employees. With the establishment of an office came a change in name from the Counseling-Coordination Service to the Counseling-Coordination Office (CCO).

With the staff hired and office space established, the next task was to define the CCO's appropriate sphere of activity. In addition to building a resource information bank and working out approaches to dealing with families, the CCO staff devoted considerable effort to information and publicity, the development of forms and instruments, and other functions which were heavily supportive to the rest of the Project. Publicity efforts were most extensive from September through December, 1972 and included issues of the Child Care News, four articles in the Medical Center News, an article in The Denver Post, and three leaflets widely circulated on the Medical Center campus. All of this publicity emphasized the development of the Project's "model" services and mentioned the CCO as a place where parents could go to talk about child care in general and obtain more information on the Project's own services.

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There was almost no mention of the CCO's capacity to offer referral to other child care programs in the community.

The CCO staff also devoted considerable effort during the early months to developing forms and schedules for record keeping and data collection within the Project. The CCO developed two forms for its exclusive use, seven to be used by the Center and three forms to be used jointly (November Report, pp. 20-22). Not only in the areas of publicity and form development but in many other activities as well, the CCO staff expended considerable energy to support and assist the model service components of the Project. These functions included work in development of the sliding scale for Child Care Center fees, planning for an open house at the Center, and assisting in developmental evaluation of children at the Center.

Building a Resource Information Bank. Early in the first year CCO staff focused on the task of developing a resource information bank. The State Department of Social Services readily shared lists of all licensed child care centers in the state, while county licensing agencies in the metropolitan area sent us lists of day care mothers with varying degrees of reluctance. Although these lists contained only names, addresses, and telephone numbers, many agencies felt this was information they should not share with the Project. Some counties placed the CCO on their mailing lists to receive updated lists routinely, but CCO staff had to call other agencies every three months for the life of the Project to request new, updated lists. All licensing agencies were clearly unwilling to share the more extensive, but confidential, information which they gathered and filed routinely on all settings.

The second step in acquiring community resource information involved surveying child care facilities in cooperation with another agency which had planned to establish a community-wide referral system, the Mile High Child Care Association (MHCCA). By assisting and cooperating with this group the Project hoped to become involved in coordinative efforts with the community and hoped to obtain a more extensive survey of resources. Eventually this survey effort produced information on 649 of the 1100 licensed child care centers and day care homes; unfortunately the final survey format approved by the cooperating agency and the State Department of Social Services produced

very meager information and did not provide a detailed picture of the type of care going on in each setting (Year I Report, pp. 24-29). The information from the survey was not codified into useful form until December, 1972.

Both these types of information were entered in a readily accessible file system with further information added as it became available. As CCO staff became more experienced in working with community resources, more information accumulated on settings close by and frequently used. The staff also became acquainted with some unlicensed facilities and added information on these to the files. Frequently parents shared with CCO staff their impressions of child care facilities which they had visited or used previously, and these pieces of consumer information were added to the files as well. On several occasions CCO staff discussed the possibility of visiting facilities, but this idea did not develop and there was no really effective effort to apply the Project's "Quality Criteria" (Year I Report, Appendix I) to child care services in the community.

Service at the CCO. As the CCO began to develop its child care coordination function it reached a position of offering different types of service depending upon what parents sought. All parents participated in an extensive interview with either Dr. Paul Barnes, Director of Program Evaluation, or Ms. Christine Walters, Research Assistant, but the differences in treatment emerged as the parents' needs were identified.

Most parents came to the CCO requesting placement for their child in the Project's Child Care Center. If the child was age-eligible and the Center met other family needs in terms of cost, location, program, etc., the CCO staff member encouraged the parents to tour the Center, administered an extensive parent interview on the child's development, and in every way attempted to facilitate the child's entry into the Center. If the child was too young, but the family was interested in the Center, the CCO entered the child's name on a waiting list. If the family requested information on other resources, the CCO staff discussed the Family Home Care Program, although graduates of this component did not provide child care until late June, 1973. Families who wished to use this service had their names entered on another waiting list. For families with needs not met by Project services, the CCO made referrals to community resources. Almost no information on community resources was

available until December, 1972 (Year I Report, p.8), and this was not established in a permanent and accessible file until April, 1973. Thus, the CCO was severely crippled in its capacity to meet parents' widely varying needs. Until December the usual routine for assisting parents needing community resources was to call the local licensing agency for suggestions or to give parents a copy of the list of all licensed child care facilities in their area (some of these lists contained more than 200 names and addresses). After that date, the staff began to make telephone searches of the resources in order to find several appropriate choices to suggest to the family.

In general both parents and staff appeared to believe that Project services were, by definition, of superior quality to community resources, and neither parents nor staff ever seemed to consider whether a community resource might be more appropriate for a specific child or family situation.

Working with Parents. An important function of the CCO, as originally envisioned, was to work with parents, offering counseling around child development, child care needs, and other related areas and developing some parent education effort. During the first few months Project staff took a very passive approach in dealing with parents, not asking specific questions related to areas they felt should concern parents, but sitting back and waiting for parents to ask the questions. This approach was justified, CCO staff felt, because of research needs to find out what parents were already thinking about on their own and because the staff felt they did not really know what might be the critical variables to consider in arranging satisfactory child care (Year I Report, p.11). When parents failed to ask questions about child development and "quality" aspects of programming spontaneously, CCO staff assumed they were "naive" and lacking in knowledgeability regarding their child and child development (November Report, p.23; Year I Report, pp. 13-15). Even by the end of the first year this was an issue the CCO could not handle:

> "Research-wise, we are not prepared to speak to whether lack of an articulated concern about quality issues that we may feel parents 'should' ask means no concern at all within the parental value system; nor, are we prepared to convincingly state which qualitative variables contribute to the most satisfactory placement whether defined by Project staff or parents." (Year I Report, p. 15).

For the most part parents requested structural information about hours, cost, location, and ages of children accepted in various facilities. The one "quality" question parents did ask with some frequency was whether a program offered some educational or preschool-type programming, an area of emphasis the staff had some difficulty understanding (Year I Report, pp.14-15). One must speculate whether the emphasis in parents' questions showed naivete regarding child development or savvy regarding the scarcity of any child care resources and the importance of resolving these critical feasibility issues before engaging in the luxury of seeking a developmentally-appropriate and stimulating setting.

With experience the CCO staff took a less passive stance with parents, answering all of their spontaneous questions and attempting to give parents some notion of what to expect of various settings and how these settings might meet parents' concerns. There is, however, no documentation that CCO staff during the first year ever played a routinely active role in sensitizing parents to child development issues and educating them regarding needs their child might have. Since there was minimal routine follow-up during the first year (either initiated by the CCO or by parents) there is also very little information on parents' satisfaction with settings they used through the CCO and on what variables might have been associated with this satisfaction.

The CCO staff also found during this first year that the notion of a "browsing corner" stocked with books and pamphlets and the notion of the CCO as a place where parents could simply "drop in" to discuss their children simply did not gain acceptance among parents. The CCO's isolation combined with parents' severe time constraints and lack of preparation for this type of service led to the CCO's failure to become a focus for this type of activity. For parents, the CCO was a place to go if you wanted to enroll your child in the Child Care Center.

First Year Evaluation. Data collection and evaluation during the first year focused for the most part on children and families and looked only minimally at program and process. This latter task was essentially left to the Outside Evaluation Team. The CCO collected extensive data describing parents (age, sex, role, occupation) and children (number and ages), and describing the immediate outcome of their contact with the CCO (November

Report, pp. 12-16; Year I Report, pp. 9-20). In the absence of initial questioning of parents and extensive follow-up, however, there is no data on the ultimate outcome of child care placements, on parents' experiences in using the system, or on variables bearing some relation to parental and child satisfaction with child care experiences.

Conclusions--Year I. In its efforts to establish itself during the first year the CCO appeared to struggle with three essential issues. The first issue focuses on the CCO's effort to establish its own identity as a service-providing agency. It did not succeed in this area but became, for the most part, a support system to the Child Care Center. It supported the Center organizationally in terms of providing assistance in setting up fee scales, running publicity, and drawing up consent forms. It was also supportive in providing the "front door" for families wishing to enroll children in the Center, interviewing parents, answering their questions, assisting them in filling out forms, negotiating fees, and even taking them on tours of the facility.

The second issue concerned the CCO's approach to dealing with parents. Questions regarding how intrusive staff should be, how much of an educational service they should perform, how much information they should seek from parents and what type, were not really settled during the first year.

The third issue concerned evaluation. It appeared that during the first year the CCO chose to focus on evaluation of children and parents rather than evaluating the Project's effectiveness in dealing with these families. These were all issues which would receive a great deal of attention during the early months of the Project's second year.

Metamorphosis

Criticism of the CCO. The Project entered the second year in June, 1973 with a flood of criticism of the Counseling-Coordination Office from several different sources. The Office of Child Development Project Officer was not pleased with the CCO's development to date, nor was the OCD Site Visit Team. The Summative Evaluation Report prepared by an outside team was highly critical of CCO procedures, and some Project staff members were not comfortable with the program as it functioned at that time.

As early as January, 1973 the OCD Project Officer expressed concern over the Project's heavy involvement with the Center and its failure to develop more comprehensive services including a wider variety of child care options for families (Private correspondence, 1973).

The Site Visit Team, including the CCO Project Officer, focused most of its attention on the functions of the CCO and on the Project's evaluation functions. The team was most interested in learning whether a counseling service could be more effective than parents' currently available methods of arranging child care and what might be the critical child, family, and setting variables to take into account in making long-lasting and successful child care arrangements. They believed the CCO, as it was operating, would not provide the data to answer these questions and that through the staff's possivity in relating to parents, through the procedure of obtaining developmental information on the child post, rather than prior to, placement, and through the staff's failure to demonstrate the use of various types of information to select and recommend several different settings to parents, the Project was failing to arrive at answers to questions they believed were critical (Private communications, 5-10-73).

Following the site visit, Dr. Saul Rosoff, Acting Director of OCD, spelled out the agency's areas of dissatisfaction quite clearly (Private correspondence, 6-4-73):

> "2. The Counseling-Coordination Center is not sufficiently developed so it does not have the capability to provide the best match between family needs and child care facilities."
>
> "3. Too much of the Project's staff time is spent in the development of the model day care facilities and not enough on the research and counseling and coordination aspects of the Project."
>
> "4. It appears that the coordination with other child care facilities has not developed to the extent that was promised in the proposal."

The highly critical site visit was followed closely by the first year external evaluation report (Incremental Summative Evaluation, William Goodwin, et. al., Laboratory for Educational Research, University of Colorado, June 13, 1973, unpublished). This report was also highly critical of the CCO as it had

developed to that point. The team found that for the most part families did not receive adequate service from the CCO, yet most parents were not critical of the service they received, perhaps lacking any basis for comparison and lacking any preconceived expectations. Parents seeking their child's admission to the Center reported that 14% of the time the CCO gave them no referrals; 54% of the time, one referral (the Center); and 32% of the time, two or more referrals. The team indicated that "Comments from several respondents suggest that some parents viewed the main function of C^2O [the CCO] as to fill C^3 [the Center] (particularly in the early days of the Project) and then, subsequently to bait persons somewhat with the promise of quality sponsored family home care, but such care was not then available." (Incremental Summative Evaluation, p. 17.) They found that many families seeking the Center left the CCO thinking that Center admission was its' only function and it offered no other services. Parents seeking other child care resources reported receiving no referrals 20% of the time, one referral 30% of the time, and two or more 49% of the time. Further, the team found that those referrals were rarely based on an extensive search of resources; rarely, if ever, involved a match of family and child characteristics; and did not include any "quality" indicators or suggestions on which settings the CCO would recommend or consider the most appropriate. The team found that most families who went to the CCO seeking care at the Center reported placing their child there while families who sought other care reported following the CCO's recommendation 29% of the time. The team found that more than 70% of the parents who used the CCO could not remember receiving any follow-up call from the CCO. The team was very concerned about this absence of systematic follow-up, pointing out that parents would never perceive the CCO as a valuable resources for information on children if no routine pattern of on-going contact and follow-up were established. Finally, the team indicated that in order for the CCO to carry out its own functions in addition to taking responsibility for the Project's internal evaluation, it was understaffed.

In addition to the external criticism, there was some dissatisfaction within the CCO staff with its development and level of functioning. Barnes encountered some difficulty in arranging sufficient time to conduct program evaluation, work within the CCO, and fulfull other Project duties.

Late in the first year, the CCO also experienced a staff change with the Walters' resignation and replacement as Research Assistant. The new Research Assistant, Ms. Mary W. Van Vlack, had no training in psychometry but training and experience in social research and counseling. Van Vlack had several areas of dissatisfaction with CCO functioning.

She found that considerable time and energy was drained by the Center staff. Although the developmental testing program at the Center was designed to use tests simple to administer and score and to provide data for child care workers to individualize programming, she was asked to score and interpret those tests. As perhaps a more significant use of time, after a family had decided to use the Center, she was responsible for getting consent forms signed, instructing parents in the health examination and form, and conducting the lengthy developmental survey; since all of these came after the placement decision, it would have seemed more appropriate for Center staff to implement them. She found, further, that the Center was not the only direct service that drew away CCO energy; both Barnes and Van Vlack invested considerable time in developing the Summer Day Camp for school-aged children, an effort which should have been the responsibility of the Child Care Center Director.

In terms of actual CCO functions, Van Vlack felt very ill-equipped to meet any requests for services other than admission to one of the Project's direct services. There was only limited information on general services for children and this included no qualitative or utilization information; there was also not even a list of local pediatricians. Information on child care resources was inadequate; the MHCCA survey simply did not provide sufficient detail and a sufficient qualitative picture of each setting. She had no way of knowing when she was giving parents referrals which she could recommend. In making referrals to parents she felt a tremendous pressure to support the Project's own services. Since the Center was not full, the required income was not being generated. If a family wanted to use the Center and the child was of an appropriate age, it would have been disloyal to recommend away from the Center, even if it was not entirely appropriate for the child's or family's needs. Further, Van Vlack found there was insufficient time for all of the other expected CCO functions. In general, she felt that the operating contingencies worked against the development of an effective system for child care counseling and referral.

Staff Reorganization. In June, 1973, following the site visit and the summative evaluation, the Project undertook a staff reorganization affecting all portions of the Project and especially the CCO. This reorganization attemptedto answer OCD criticism of underemphasis of the development of the CCO and lack of program evaluation data. Barnes, Director of Program Evaluation, was promoted to the position of Program Director with responsibility for the day-to-day functions of the entire Project. With this promotion he maintained an interest in the CCO and in evaluation but worked at greater distance from these areas. Portnoy, Director of the Child Care Center, transferred to become Director of the CCO. Further, an additional secretary, Ms. Catherine Carpenter, and a second research assistant, Dr. Ramon Blatt, joined the CCO in July and August, expanding greatly the manpower and the capacity to work with parents and participate in evaluation. Blatt also brought considerable experience in psychology and research methods to the CCO.

Critical Points for Change. Merging plans for change with increased talent as well as increased manpower, the CCO staff attempted to develop and change the counseling and referral services, focusing on developing further the community resource information bank, defining the scope of the CCO's service and activities, and altering the approach to families. Efforts to develop the community resource bank would include attempts to acquire information on health, welfare, and educational resources as well as to increase the deptn of information on child care settings. The latter was essential if CCO staff was to attempt to match family and child characteristics with setting characteristics.

Efforts to define the CCO's appropriate activities brought about a renewed emphasis on working with families, helping them to determine what services they need and then helping them find and use those services. This required pulling away from the supportive relationship with the Center, requiring Center staff to conduct those entry procedures which seemed appropriate, and withdrawing from concern with programmatic issues at the Center and with the problems of enrolling sufficient numbers of children in each program. The redefinition also included a renewed effort to assist parents with other child-related problems and make referrals to other child and family services, efforts to offer counseling and parent education to all families who desired it, and one more effort to develop resources for "in-home" care.

Based on the first year's experience and the critique of it, the CCO staff developed a new approach to work with the families. This involved setting up the same procedures for all families regardless of whether they sought Project direct services or services in the community. Since there was no data available indicating what might be the most effective approach to child care referral, the staff decided to test out several procedures. In addition the staff believed it was important to test out the effectiveness of extensively searching through resources by phone to determine vacancies and appropriateness for each child care request. Out of these ideas the staff developed detailed plans for procedures and an extensive design for the evaluation of these procedures.

In particular regard to the CCO, the June, 1973, reorganization posed serious administrative problems. The CCO did not require a director for day-to-day functioning and policy was largely determined by a coalition of all CCO staff with the Program Director. The position of CCO Director emerged as superfluous. To Portnoy's continuing frustration, she discovered that about 85% of her responsibilities overlapped with someone else's. As CCO functioning stabilized under the new policies and procedures, Portnoy turned more and more to dissemination activities, leaving the CCO to run itself.

The Second Year in the CCO

The New Design. By September, 1973, CCO staff had worked out procedures for the counseling and coordination services and had developed a research design to evaluate the service and investigate variables relating to the effectiveness of placement assistance processes.[6]

The research design posed several general questions to evaluate the service:

1. What factors concerning the way the CCO deals with families affect their success or failure in arranging child care through the CCO's referrals?
2. What characteristics of families and children affect their success or failure in arranging child care through the CCO's referrals?
3. What variables may be related to the amount of CCO time and effort required to arrange child care?

4. When and why do families withdraw from the placement assistance process without finding child care?
5. What variables may be related to the long-term stability of child care arrangements?
6. What variables may be related to satisfaction with the child care setting?
7. What variables may be related to satisfaction with the CCO placement procedure?

Based on experience from the first year staff believed there were four variables in CCO procedures which might affect the outcomes of the placement assistance procedures. The first was whether the staff performed a vacancy search in response to a parents' request for child care. The search would involve calling resources to determine whether they had a vacancy for that child; the alternative was to make referrals from the best available information on file. The second variable was "the match," the attempt to match child and family characteristics with program offerings of settings, referring the families to those settings which matched most closely. The alternative to the match would be to refer families to settings that met their needs in terms of cost, location, hours, etc. The third variable was the face-to-face interview with parents, and its alternative was to obtain similar information over the phone without the personal contact. The fourth variable was follow-up, a program of on-going contact with families using CCO-recommended settings to help solve child care problems as they might arise and to facilitate the delivery of additional services. The alternative would be to follow up families at some arbitrary point in time to determine the outcomes of their child care experience.

Using these variables staff arrived at a design of six different procedures for dealing with families and an additional comparison group of families who arranged for child care without CCO assistance:

Group I	No CCO assistance or contact prior to placement
Group II	No search, no match, no face-to-face interview and no intensive follow-up.
Group III	Search but no match, no face-to-face interview and no intensive follow-up.
Group IV	Search, match, face-to-face interview, but no intensive follow-up.

Group V Search, match, face-to-face interview, and intensive follow-up.

Group VI Search, match, but no face-to-face interview and no intensive follow-up.

Group VII Search, match, intensive follow-up, but no face-to-face interview.

Regardless of whether a family sought care in one of the Projects' services or in another setting in the community, they would be assigned, on a random basis, to one of the six treatment groups.

For all groups except I, II, and III, CCO staff attempted to provide extensive parent education, offering suggestions on how to evaluate child care settings, how to deal with child care providers, and characteristics of themselves and their children which parents should take into account. In addition staff answered, or referred to more informed sources for answers, all of parents' spontaneous questions.

In order to deliver these levels of service to families, it became essential for CCO staff to have available a much more extensive and detailed bank of information on community resources. Since the information obtained through the MHCCA survey was inadequate, the staff decided not to add more survey information but, instead, to undertake visiting as many settings as possible and then attempting to maintain relationships with caregivers through occasional phone calls. The staff defined a geographical area surrounding the Medical Center where 65% of all students and employees lived and attempted to visit all receptive child care centers, preschools, and day care homes in this area. Based on the Project's "quality criteria" and experience with families, staff worked out a list of types of information to obtain on these visits, a list to memorize but not to carry into the settings. The visitor would update information on fees, location, hours, and ages of children accepted, note the safety and suitability of interior and exterior space and equipment, observe and discuss program, and attempt to get acquainted with caregivers, their motivations, attitudes, child-rearing philosophies and practices, problems, and areas of concern. In general, the visitor would attempt to gain an intuitive understanding of the setting and what was happening there. Afterward the visitor would assign a subjective "quality rating" to the setting on a four-point scale and would record all information on the setting in the resouce file. Following these visits staff would maintain these new relationships

with caregivers through phone contacts for vacancy searches and follow-up.

Implementation. The task of implementing the research design and new procedures required the subsequent twelve months, but worked out quite smoothly. In order to make the plan of treatment groups more comfortable for those working with parents, only three groups were used at one time with Groups II, IV, and V being filled before III, VI, and VII were implemented.

With this compromise thereremained two major areas of difficulty for staff attempting to fill research requirements while providing services. One was that the procedures required an enormous amount of paper work to record what happened at each step in the process. The other was that it often was very difficult to force a family into the treatment group which the random selection required that they enter. Some families were designated to receive Group II treatment but expected, even demanded, more attention, wanted to spend more time talking about their situation, and wanted more guidance. Other families were designated to receive Group V treatment but found the interview and the intensive CCO involvement an imposition for which they had no time. It was exceedingly difficult for staff to insist that families cooperate with the prearranged procedures when these were not convenient. Since those staff members who worked directly with families had input in the procedural and evaluation designs, they were able to tolerate the system, but often found it inflexible and difficult.

Changes in the CCO's procedures for working with families and definition of its role profoundly affected relations between the CCO and other Project components. Relations with the Center became increasingly distant and strained with staff in that component never really having a clear understanding of the CCO's new role and identity. Some Center staff members were particularly resentful that the CCO often referred families to several child care centers in addition to the Project's and sometimes, even though the child was age-eligible, did not refer the family to the Center at all.

At the same time, however, relations with the Family Home Care Program began moving into a mutually supportive model. This occured simultaneously with major changes in the Family Home Care Program. As the Family Home Care Program switched to recruiting day care mothers who would operate their homes simultaneously with Project participation, the CCO could refer families to them

and coordinate with the director of the Family Home Care Program on follow-up and post-placement problem-solving.

The effort to visit child care resources provided invaluable information on caregivers and settings and laid the groudwork for on-going relationships with these community resources. Staff members not only in the CCO but also in the Family Home Care Program contributed to the initial visitation effort; following this, staff continued for the duration of the Project to make additional visits. Despite these efforts, however, the Project never visited all of the 250 day care homes, 35 centers, and 20 preschools in the designated area. Some caregivers refused to allow us to visit, and staff also found considerable turnover in settings with old ones we had visited going out of business and new ones appearing which required added visits. Staff found the procedure to be time-consuming and exhaustive but invaluable in providing a notion of what children might experience in each setting. Most visitors found that once they had convinced caregivers (both in homes and centers) that they had no connection with any regulatory agency, they quickly became a source of support and a sympathetic ear to bend. Many caregivers seemed starved for contact with adults who could listen to and understand their problems but who really asked for nothing.

For the most part staff preferred to refer families to settings which had received visits, although it was often not possible to meet families needs with these settings, so staff had to use those about which there was less information available. With both types of settings staff established and strengthened trusting relationships through the vacancy searches and post-placement follow-up calls. Through these contacts caregivers not only became acquainted with the Project but also began to offer feedback on their experience with it. Some were displeased that after our call about vacancies the family would never call, leaving them uncertain of what to do, while others were dissatisfied with our limited capacity to provide children whenever they had vacancies. Most, however, expressed satisfaction with the service, appreciated the free referral and the screening of referrals to only those which might be appropriate, and were pleased that we attempted to provide some parent education and could intervene in parent/caregiver problems. Staff members feel that the relationships the CCO were able to establish with caregivers were invaluable in the placement assistance process.

In addition to improving the basic counseling and coordination services, the staff had also attempted to expand other services, particularly in-home care and other non-child services. In-home care, particularly live-in, was a service many families had requested in the first year but one which the Project had never met. During the second year the staff undertook three separate cases of families seeking live-in caregivers. In each case the family's situation made this the only acceptable alternative: one was a widower whose work frequently took him out of town, another a resident pediatrician with four children 5 years of age and younger, and the third was a family facing the birth of sextuplets. In each case the family placed a newspaper advertisement and the Project screened all calls and interviewed to find suitible applicants. The staff found there is an extreme shortage of people suitable for this type of work in Denver and found that screening them is an exhaustive and time-consuming effort which does not produce results that more than one family can use. Staff recommendation from this experience is that such a service is more suitably the province of a private employment agency handling domestic work than of an agency such as the CCO.

Efforts to assist parents with other child and family-related services produced an experience somewhat different from that of the first year. For the most part, parents did not think of the CCO as a general children's counseling agency but as a place to go for assistance in finding child care. During the course of interviews (whether in person or by phone), after parents discussed the child care needed and the counselor indicated s/he would search out several resources, at the point when the discussion turned to general issues regarding the child and the family, many parents would ask questions regarding their child's health, emotional or cognitive development and would request information on additional services. If, however, these questions did not come up during the placement process, parents rarely came back to the CCO to ask them at a later date.

The Final Project Year

Forms and Patterns. During the Project's third and final year, staff completed the collection of data for the research aspect, analyzed data, and used the results along with added experience to refine the model for the CCO.

Before this process could proceed, however, Project staff went through another major reorganization. At the end of May, 1974, Barnes resigned his position as Program Director, and Blatt replaced him. Portnoy, Director of the CCO, who had become less involved in the CCO and evaluation, had invested more of her time in Project dissemination efforts. This shift received formal recognition with her move to Dissemination Officer. Van Vlack took over responsibility for the day-to-day operation of the CCO and the Project's evaluation efforts as Research Coordinator. Carpenter, CCO secretary, who had become increasingly involved in working with families was promoted to a position of Research Assistant and a new Research Assistant, Ms. Debra Koepfer, was hired on a part-time basis. Both had B.A.'s in psychology and work experience.

Staff changes at this point were not disruptive to the operation of the CCO. Van Vlack and Blatt trained the research assistants to work with families in placement assistance and other supportive services, keep evaluation records, and handle data. Since Carpenter had already begun working with families, this adjustment went very smoothly with the research assistants dividing tasks according to skills and inclinations. In this case, as in all parts of the Project, it has been difficult for staff members simultaneously to take a humanistic and supportive approach to people and keep complete and precise records for evaluation. The most effective approaches for dealing with this have been open and extensive communication and a practice of involving everyone in evaluation design and implementation.

Evaluation Results. With the new Research Assistants assuming increasing responsibility for assisting parents with child care placement and follow-up, the CCO completed placement assistance for the evaluation plan in October, 1974 and completed follow-up six months later, in April, 1975. Results of analysis of the data on these families were available a short time later.

During the nineteen-month evaluation period the CCO dealt with 360 children, arranging child care for 101 of them. These were divided almost equally among the six treatment groups. Fifty-six per cent were males and 44% females, ranging in age from less than a month to nine years. Sixty-six per cent of the cases families requested family home care, 28% requested center care, and 5% requested school-age care. Thirteen per cent requested care

in the Project's services, 40% in community resources, and 46% did not specify a preference. Seventy-three per cent requested care Monday through Friday and 68% requested care all day on the days it would be provided. Forty-eight per cent needed to arrange care within the next seven days, 19% in 1 to 2 weeks and 17% within the month while the remainder had more time available.

Families received the names of an average of 2 resources for each request for each child (a range of 0 to 7), with only 7.3% requesting additional resources. Many parents neither called nor visited any of these resources and very few visited more than one (see Table 1). From these data it would appear that many families selected day care after visiting only one setting.

Table 1

Number of Resources Parents Call and Visit

Number	Resources Called		Resources Visited	
	f	%	f	%
None	206	52.2	274	69.4
1	86	21.8	102	25.6
2	57	14.4	16	4.1
3	46	11.6	3	.8
Total	395	100.0	395	99.9

There appeared to be only one factor concerning the way the CCO deals with families that affected success or failure in arranging child care through the CCO's referrals. Whether the CCO performed a search, attempted to match families to settings, or conducted a face-to-face interview all had no statistically significant effect on success or failure to arrange child care (see Table 2). Searches requiring more calls to families than usual had no effect, nor did the time elapsing between request and referral. There is a relationship between CCO time spent working with a family and success or failure (χ^2 = 23.78, $p << .001$); this finding holds up only in treatment groups IV, V, VI, and

Table 2

CCO Treatment Groups and Success of Obtaining Child Care Through the CCO*

Obtain Child Care	CCO Treatment Group 2	3	4 or 5	6 or 7	Total
No	36 (38)	51 (47)	84 (84)	83 (84)	254
Yes	17 (15)	15 (19)	33 (33)	34 (33)	99
Total	53	66	117	117	353

$\chi^2 = 1.41$

*Expected values shown in parentheses

VII where families often dropped out of the system early upon realizing that they would not receive immediate referrals from the CCO. In addition, there were very few characteristics of families and children which affected success or failure in arranging child care through CCO referrals. The immediacy of the need, the presence of an unusual work schedule, the reason a parent is working and using child care, mother's work status, family socio-economic status, parents' marital status, age of the child, and whether more than one child needed care all do not affect the likelihood of obtaining child care through the CCO. There was a moderate relationship with family income ($\chi^2 = 3.6$, $p < .25$) such that families with moderate incomes had greater than expected success and families with low and high incomes had less than expected success (See Table 3). There was also a relationship with family stress ($\chi^2 = 8.05$, $p < .025$) such that families in low stress situations experienced less than the expected success and families in moderate and high situations experience more than the expected rate of success (See Table 4).

Table 3

Family Income and Likelihood of Obtaining Successful Placement*

Did the Family Find Child Care Through the CCO?	Family Income			
	$0-4,999	$5-9,999	$15,000+	Total
No	26 (23)	35 (40)	25 (23)	86
Yes	8 (11)	25 (20)	9 (11)	42
Total	34	60	34	128

$\chi^2 = 3.62$, $p < .25$

*Expected values shown in parentheses

Table 4

Family Stress and Likelihood of Obtaining Successful Placement*

Did the Family Find Child Care Through tne CCO?	Family Stress			
	Low	Medium	High	Total
No	73 (64)	39 (42)	26 (32)	138
Yes	22 (31)	24 (21)	21 (15)	67
Total	95	63	47	205

$\chi^2 = 8.05$, $p < .025$

*Expected values shown in parentheses

Further, the CCO staff spent less time on families in less stressful situations than on those in more stressful situations ($F = 5.106$, $p < .01$). CCO staff spent a mean of 59 minutes per child among low-stress families and 67 minutes per child among high-stress families. It is impossible to say whether families demanded this extra time or staff members were very responsive to high-stress families, but this may help to explain the higher rates of child care placement among high-stress families.

The evaluation design also involved looking at factors which might affect the CCO's time and effort spent on placement assistance. The only variable related to CCO time was the number of children involved; when two or more children were involved, the CCO spent less time per child on placement assistance than when only one child was involved ($F = 7.48$, $p < .01$). Placement procedure, type of setting sought, unusual schedules, and age of the child did not appear to affect CCO time. Two variables appeared to affect CCO effort in conducting the search. When two or more children required care, the staff made fewer calls per child ($F = 5.85$, $p < .25$). Also, when families required care around an unusual work schedule, the staff tended to make more calls on the vacancy search ($F = 6.56$, $p < .01$).

Further, the evaluation design asked when and why families withdraw from the placement assistance program without finding child care. Most families did not withdraw during the actual placement assistance process, but indicated their withdrawal at the time of follow-up; 18% withdrew between the time of the request and the time the search was done, 18% indicated their withdrawal at the time the referral was made, and 63% indicated their withdrawal during the first or a subsequent follow-up. Most of the families who chose not to use CCO-referred facilities made their decision after, not before, receiving CCO counseling and efforts at parent education. CCO treatment procedures did affect the point of withdrawal (See Table 5); families receiving personal interviews (treatment groups IV and V), tended to withdraw earlier than others, possibly resisting the time-consuming, face-to-face interview. Among the reasons which parents gave for withdrawing, 19% indicated that they had changed their minds about what they planned to do; 43% withdrew because they arranged child care through resources to which the CCO did not refer them; 19% either could not handle the CCO procedures or were

unavailable for follow-up; and 18% withdrew either because the CCO could not find what they wanted or they decided to continue with previous arrangements.

Table 5

CCO Treatment and the Point a Family Withdraws From the Placement Assistance Process*

Point of Withdrawal	CCO Treatment Group				
	2	3	4 & 5	6 & 7	Total
Request Through Search	0 (18)	8 (10)	28 (16)	13 (15)	49
Referral	1 (7)	12 (9)	14 (15)	19 (15)	46
First or Subsequent Follow-up	40 (26)	30 (31)	42 (53)	50 (52)	162
Total	41	50	84	82	257

$\chi^2 = 34.87$, $p < .001$

*Expected values shown in parentheses

There was some relationship between the reasons given and the point of withdrawal ($\chi^2 = 14.71$, $p < .025$) such that families withdrawing because of CCO procedures or their unavailability for follow-up did so very early in the process while families who chose other settings informed the CCO of this decision most frequently on follow-up (See Table 6). The staff has speculated that while many families do not use CCO referrals they benefit from efforts to help them define their needs and priorities, from the counseling, and from efforts to inform them on how to select and use day care, but they apply this information in their selection of a resource recommended by friends and relatives.

Table 6

The Reason a Family Withdraws and the Point At Which They Withdraw From the Placement Assistance Process*

Point of Withdrawal	Reason for Withdrawal: Changed Plans	Chose a Setting Not CCO-Referred	Family Could Not Handle System or CCO Could Not Locate	Could Not Find What Family Wanted; Stayed With Old Setting	Total
Request Through Search	10 (9)	13 (21)	16 (9)	10 (9)	49
Referral	8 (9)	18 (20)	12 (9)	8 (8)	46
First of Subsequent Follow-Up	31 (31)	80 (70)	21 (31)	38 (29)	160
Total	49	111	49	46	225

$\chi^2 = 14.71$, $p < .025$

*Expected values shown in parentheses.

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The evaluation design involved contacting all families who had obtained a child care placement through the CCO at a point 6 months after the placement began to determine the outcomes of that placement--how long the arrangement lasted, how satisfied the family was with it, and how parents evaluated their experience of working with the CCO. The staff reached 85% of the families at this point and obtained, at least, data on date of termination of the child care arrangement from the caregiver. The staff was somewhat more successful in reaching families receiving intensive follow-up (Groups V and VII) because of the greater frequency of contact with them. Six months after placement, 74% of the children were no longer in their child care arrangement, while 26% were continuing. The reasons given for termination were varied (see Table 7), with 32% terminating because of routine changes in situations and 29% because the arrangement was, in some way, unsatisfactory.

Table 7

Reasons for Termination of Child Care Arrangements

Reasons	f	%
Caregiver moved or went out of business	9	12
Need no longer exists	6	8
Family moved	9	12
Setting unsatisfactory for the parent	8	11
Setting inappropriate for the child	9	12
Arrangement unsatisfactory for the caregiver	5	7
Other	17	23
Unable to locate	12	16
Total	75	101

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In order to have a point for comparison of data obtained through follow-up, the evaluation design called for another group which did not obtain child care with the CCO's assistance (Group I). The staff interviewed the parents of 12 children, all of whom were still using their child care arrangements at that time. These children included seven males and five females, ranging in age from 1 year, 7 months to 7 years, 7 months. Eight were in family home care and four in a center, while eight received care Monday through Friday full-time, three received regular part-time care, and one was undetermined.

Stability, operationally defined as the duration the child care arrangement lasted, has varied widely among the 101 children included in the evaluation. Some children never actually went to the setting at all or went for only 4 or 5 days, while others stayed well beyond the 6-month point. There appeared to be some sort of relationship between the procedures the CCO used with these families and stability but not in any of the ways hypothesized in the original evaluation design (see Table 8).

Table 8

CCO Treatment and Duration
(In Days) of the Child Care Arrangements

CCO Treatment	Duration (In Days)			
	Mean	σ	N	Range
Group I	423	362	12	90-999+
Group II	103	92	17	0-228
Group III	98	82	15	0-210
Group IV	112	61	15	17-188
Group V	84	81	18	0-249
Group VI	70	75	17	0-215
Group VII	157	80	17	4-250

The data for Group I is not comparable to others since some of these children attended the same setting for 3 or more years, and such extensive follow-up information was not available for the other groups. The "match" procedures did not appear to lead to more stable arrangements than the non-match, (χ = -.15, n.s.) the face-to-face interview did not enhance a family's chances of making a stable arrangement, (χ = -.55, n.s.) and while intensive follow-up appeared to help where there was no face-to-face interview, (χ = 56, $p < .001$) it did not help where there was (χ = 86, n.s.). The relationship appears to be complex and influenced by little-understood factors.

In addition to the CCO procedural variables, the design hypothesized that some family characteristics might also affect stability of child care arrangements. The presence of stress in a family situation, however, did not appear to have any relationship to stability (by Kruskel-Wallis One-Way ANOVA, H = 3.8 at 5 d.f.), nor did the reason a family sought child care. Whether the reason was that the parent had a financial need to work, the parent was working for self-actualization, or the child was to be in day care for the group experience, there was no difference in the duration of the placement. There did not appear to be a relationship between parents' marital status and stability (χ = -.23); children of single parents did not appear to remain in child care arrangements for longer than children of married parents.

Staff looked at families' satisfaction with child care arrangements in terms of several different indicators including: "Would you recommend the setting to a friend?" "How well did it meet your desires in regard to times available?" "How well in terms of cost?" and "How well in terms of location?" The overwhelming pattern in the responses to these questions is one of satisfaction with the child care arrangements. This high level of satisfaction extends to Group I as well. Ninety percent say they would recommend the setting to a friend. Seventy-seven percent were extremely satisfied with the times their setting was available and none were dissatisfied (on a 4-point scale). Three percent said they were not at all satisfied with the cost, and 61% said they were extremely satisfied. This pattern is so strong, it is difficult to see relationships with other variables such as CCO procedures or family characteristics. Families who expressed dissatisfaction with their arrangements appeared to be responding to circumstances which were unique in every case. One can only speculate about whether most settings really had

been so successful in meeting families' needs or whether parents could not acknowledge that they were not pleased with the arrangement to which they had been entrusting their children for that period of time.

In an attempt to obtain parents' evaluation of the CCO, the 6-month follow-up included several questions about their experience including: "How satisfied were you with the amount of time required to find child care through the CCO?" "Would you use the CCO in the future, should the need arise?" "Would you or have you recommended the CCO to a friend?" Responses to these questions, again, show a predominant pattern of satisfaction, and Group I reported no more dissatisfaction with their experience than anyone else. Three percent were somewhat dissatisfied with the time involved while 66% were extremely satisfied (on a 4-point scale). Ninety-five percent indicated they would use the CCO again, either exclusively or in conjunction with other efforts. Ninety-two percent said they would recommend the CCO to a friend; in fact, many indicated they had already done so.

The parents who have come to the CCO tend to be highly motivated to arrange some sort of child care and were not at all inclined to critize a service that had somehow succeeded in helping them.

The Model Counseling and Coordination Office

Based on experience in the CCO and on the data arising from the evaluation, the staff has developed a model for the Counseling and Coordination Office which should be applicable to the needs of a wide variety of communities and industrial settings.[7] The CCO offers a resource information bank on day care and other child-related services, counseling and support for families, and a referral service. In addition the CCO works well as a center for a variety of additional service and as the impetus for the development of new programs as they are needed.

The resource information bank is a critical tool for the CCO, and its development and maintenance should receive the highest priority. It is essential that a basic set of information be assembled before anyone in the CCO attempts to work with families, although the task of maintaining and extending this

information required a continuing effort that is never completed. In areas where day care settings are licensed, lists of the licensed settings should be shared with an agency wuch as the CCO, and where licensing agencies are reluctant, the CCO should insist.

Through experience in using this information bank, the CCO staff has found that the notions of "quality" information and "quality evaluation" of settings are fraught with reliability and validity problems. Rather, there appear to be two types of information which a CCO needs to have on settings. One is logistical or business information such as location, fees, and hours of operation; most caregivers provide this type of information readily by phone, and many centers can share it in printed brochures. The other is information on program and ca. giving styles and provides some notion of what a child's experience may be in this setting. This might include how structure or unstructured the setting, whether caregivers see themselves as "teachers" or nurturant figures, presence and type of educational experiences, cultural values expressed in the setting and many other characteristics. Most of this information can only be obtained if staff members visit the setting personally, although caregivers are often able to convey some of it during phone conversations. The Project's experience is that a combination of visiting settings and maintaining relationships with caregivers by phone is essential of the CCO staff is to provide comprehensive level of service. One this wealth of information is acquired, its organization should not be neglected; a system which allows ready accesibility and easy updating is preferred, perhaps using 5 x 8 or larger cards in a visible file or open box.

One further point about the CCO's relations with child care resources has grown out of experience in relating to the Center and the Family Home Care Program. It is that the CCO should never be the front door or the only point of entry to any child care service. It should not be obligated to provide referrals to "fill up" a service or make it viable. On the other hand, it should operate independently of both, free to speak out as the child's advocate and able to mediate among the interests of all parties.

Experience and evaluation results have also shaped the way the CCO staff works with parents, both in the counseling relationship and referral. Just

as there are two types of information to obtain regarding settings, there are two types of information to obtain regarding families. The logistical, including location, what the family can afford to pay, and the age of the child, is critical information and can so limit the number of settings available to a family that it must be resolved first. Other considerations, such as the child's health and development, family culture and values, and the program characteristics that parents desire may also be taken into account. It has often been the experience in the CCO that "good" settings are such a scarce resource that it is often impossible to take into account all of a family's individual needs and preferences.

Evaluation in the CCO has shown that any one set approach to dealing with any family, whether it involves a quick referral over the phone or an extensive personal interview, is not the most effective approach. Some parents have neither the time nor the interest for extensive discussions while others do not feel they have received adequate attention unless they give the counselor extensive information on the child's development and the family's needs. It works best if counselors can be flexible in offering the level of service a family relates to best. It is also important that the counselor be sensitive enough to step in with additional service and assistance when a family is in a stressful situation and their needs, perhaps, are more difficult to meet. Through data obtained in follow-up the CCO has found that it is also important for counselors to be sure that the settings to which they refer families can, indeed, provide the promised services and fill the expected needs. Further, it is critical to separate the values of families and caregivers from those of the CCO staff, recognizing that staff values may often have little or no bearing on what works for everyone else.

The opportunities for parent education have proven to be an important aspect of the counseling service. Helping families to determine what their needs and priorities are, how to go about finding day care, what to look for in a setting, and what sorts of questions to ask can be important. The staff has also found that, contrary to first year findings, parents are able to address child development issues in their questions. This, however, comes only after the counselor has assured parents that their immediate need for a day care arrangement can be met. The CCO staff has also observed that while many families chose day care settings recommended by others, they did

so after the discussions with the CCO. Staff members believe that many parents benefit from the education and counseling they receive, regardless of what facility they use in the end.

In the final phase of working with families, follow-up has proven to be a vital step, both in providing a measure of the office's effectiveness and a further opportunity to counsel and assist with problem solving around day care. Effective follow-up comes at least twice, a week after referral and a month or so after placement. Through this counselors can discover what effects they have had on families, provide additional services, and assist parents in building more positive relationships with caregivers.

Although it is important that the CCO remain free of obligation to refer families to any specific setting, it has turned out that the CCO works well in combination with other child care programming. The relationship with the support and training program for day care mothers has worked for the advantage of both. While few families come back to the CCO with problems not relating to day care, many problems do come to light through the setting, and caregivers come to the programs for assistance. At this point the CCO and others can join forces to intervene and assist both families and caregivers with additional services. The CCO has also been able to accumulate and share data on what kinds of programs and services appear to be in great demand and short supply and to act as a catalyst and stimulus to new programs.

Chapter 6
Discussion

The original model of the Child Care Project promised not only to set up and operate several different child care programs but also to interrelate them into a total, coordinated system. The experience of working with this model enables us to address a number of issues which cut across programs and relate to all aspects of the Project. These issues include the establishment of individual programs, the coordination of Project components, administrative structure, the peregrinations of the Advisory Board, training in child care, integration of evaluation with service, dissemination and its community impact, parents and day care, the coordination of health, educational, and welfare services and coordination with the University of Colorado Medical Center.

In spite of staggered start-up times, establishing each program so that it ran smoothly and fulfilled its basic functions proved to be exceedingly difficult. The Center struggled with endless crises for 18 months and did not really run smoothly until the last 6 months of its operation. The Family Home Care Program, staffed in January, 1973, limped along until August, having recruited only four day care mothers. It did not begin to work with significant numbers of day care mothers until September, 1973. The School-Age Program began in June, 1973, ran smoothly through the summer, and then began to disintegrate when it moved into a closer relationship with the Center. The CCO did not begin to develop its own identity as a separate program until the second year of funding. These struggles to put programs into operation ran concurrently with the Project Director's efforts to coordinate the total model and with the continual administrative structuring and resrtucturing.

Chapman, the Project Director, seemingly intended that staff members not restrict their attention to one program and isolate themselves from the rest of the Project: everyone was to be concerned with the total model. This especially affected middle-level staff. Once the Center had opened its doors, Portnoy was not permitted to devote full attention to working out the areas of difficulty. She had to involve herself in working with Hebeler in the Family

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Home Care Program, surveying and planning for a School-Age Program, and setting up a symposium on child care. Before the CCO had an adequate resource bank and the means to answer the critical questions about its function, Barnes was drawn away to provide supportive services to the Center, search for facilities and staff for the School-Age Program, and work with Chapman on a variety of total Project concerns.

Project energies were further dissipated by pressures from OCD to begin dissemination prematurely; staff was to write papers, organize symposia, and disseminate the Project's results in a variety of other ways, long before the entire model was in operation. Even though she believed the pressure from Washington was unreasonable, Chapman did not resist the change in emphasis but incorporated it into her overall Project concern, passing on the increased diffusion to Barnes and Portnoy. They, in turn, conveyed the message to the rest of the Project staff.

The spirit of the times favored total involvement. Anyone who wished to be involved with only their own program component was viewed as uncooperative: they certainly did not understand the goals of the total project. In their zeal to be coordinated, however, staff most frequently achieved diffusion of effort.

Ironically, the only circumstances under which a program did attain stability was when its staff rejected pressures for diffusion and insisted upon isolating itself (to some extent) in order to focus on that program. This is clearly what happened when Artzer took over the Family Home Care Program and when Van Vlack built a fence around the CCO. McKee, who became Director of the Center during its final months, and Wendell, during the first summer of the School-Age Program, were less subject to these pressures and also able to concentrate on their own programs. These approaches worked, resulting in smoothly-running programs, but the pressure to diffuse energies did not abate. When Artzer insisted that all communications to day care mothers go through her, she was accused of placing the interests of her own program ahead of the total Project. When Van Vlack refused to leave the undernourished resource bank and the parents desiring placement assistance to be a substitute child care worker for a few days, she was told "How can you expect child care workers to understand and value the CCO if you won't go over and help out?"

In retrospect, it appears that the ambitious effort to establish a model comprising several components and interrelating them into a whole took the wrong strategy. Insisting that all staff be responsive to all components of the Project, whether or not they were capable of spreading their attention, did not work. An alternative procedure could have been, first, to charge each staff member with implementing a specific component of the Project. Initially, only the Project Director would be concerned with the interrelationships among components and would take a role of supporting each staff member as he turned his component into a smooth and successful operation. Only then would the Project Director attempt to facilitate the coordination of the total Project, working closely with the staff in each component, communicating to them an understanding of the total Project, helping them to see what they could give and gain by relating to the total mode, and then leading the way in implementing a network of interrelationships.

The repeated administrative structuring and restructuring (as outlined in Chapter 2) also appeared to hinder more than help in the implementation of Project goals. Just as staff began to adapt to one change, the equilibrium was shattered with another. Staff members were hired to fill specific positions in the original structure; when positions were redefined, existing staff members were reshuffled to fill the new position, whether they fit or not. People often found themselves in positions for which their training, experience and inclination did not equip them. In the face of this unstable and very difficult situation, many staff members, particularly the secretaries, performed well beyond expectations, contributing far more to the Project than their titles and pay would indicate. For others, such as child care workers, the experience was destructive and intolerable.

One of the structures intended to facilitate coordination of the various project components and services was the Advisory Board.[8] The Board, to be composed of parent consumers' representatives from relevant Medical Center professions, and students and/for employees, was to advise Project staff on policy and operations, inform staff of parents concerns and desires, and provide staff with professional advice in the areas of psychological, social, and medical services. They were to review and respond to all program philosophies and plans for implementation, but rarely did the Board deal with any Project components other than the Center (and occasionally the School-Age Program).

The Board's emphasis on the Center came from several areas. First, the Advisory Board was a direct outgrowth of the Steering Committee. Several members of this committee became members of the Advisory Board. The Steering Committee's original orientation was to provide a day care center for Medical Center employees. Naturally, when the Project was funded, the Center was where their main interests lay. Second, parent representatives came exclusively from the Center; it is impossible to interest parents who had used the referral services, family home care or school-age programs in participation on the Board, particularly since the early operation of the CCO directed parents almost exclusively to the Center program and the Family Home Care and School-age components were not yet operational. By the time these programs were functioning, the Advisory Board was already firmly established as serving the Center.

A great deal of time was spent orienting the members to the Project. It seemed like a never-ending task. Chapman felt that "getting the Board started and keeping it going was the most wearing task in the initial grant implementation." (November Report, p.10). For example, even before that Center opened, a group on the Advisory Board advocated Center care for infants. Although Project staff repeatedly explained the philosophical reasons, and developmental appropriateness issues and licensing requirements, the group persisted; they could not wait six months for the development of the Family Home Care Program. Staff compromised. When the Center opened, 2 1/2-year-olds were included. (Parents continued to push--wouldn't the Center accept children who were "developmentally" 2 1/2?) This issue is illustrative of the kind of power struggle that went on between Board members and Staff. The Board was not content with an advisory role; they wanted to determine policy.

Many of the problems the Board encountered could have been alleviated if definite structure, definition of goals and channels of authority had been developed beforehand, but Staff initially believed that a passive posture with respect to parents would yield information uncontaminated by Staff biases. The most consistent information we obtained was that parents need structure. Turning the Advisory Board loose with a copy of the grant proposal and the mandate to advise was similar to giving a group a complicated game without a rule book and expecting them to play proficiently.

Board members struggled unsuccessfully with understanding total Project goals, but when they narrowed their scope to one Project component, the Center, they functioned smoothly. In this area the Board's recommendations and advice were well-received and helpful. When Chapman informed the Board of the decision to close the Center in August, 1974, instead of May, 1975, because of reduced federal participation, members of the Board and parents at the Center banded together and worked vigorously to find either alternate funding to keep the Center open or a less expensive location for it.

An indication of the Board's position in the Project was that when they were not able to find alternatives for keeping the Center open, the Board began to disintegrate. Members seemed to have little interest in the Project as a whole and it became difficult to arrange meetings. After a few attempts at meeting, the chairperson declared the Board defunct.

Project experience has also provided information on ways to approach a variety of other issues relevant not only to this Project but to the field of child care. These include training and evaluation as well as others.

The Project proposed to develop extensive training efforts both in the Center and the Family Home Care Program. Early work in both of these areas was based on a sort of "medical model." Staff took the approach that "We professionals are here to train you non-professionals," "We know what's best for you," and "This may not appear to be a comfortable approach, but if you'll just go along with it, you'll see in the end that we were right." This attitude manifested itself in the initial "academic" training child care workers received in the Center and in the use of the Center to the virtual exclusion of homes as training ground in the Family Home Care Program. Staff training during this time also tended to emphasize cognitive stimulation and behavior management, neglecting nurturance as a critical aspect in caring for very young children. In retrospect, it appears to us that a more effective approach would be to begin with child care workers and day care mothers at the point where they are, helping them to develop a philosophy of child caring and incorporating their input into the training schedules. Training should draw on the experiences of child care workers and day care mothers in their daily contacts with children in order to provide specific and concrete information on how to deal with common situations and in order to reinforce those intuitive responses which will work to the benefit of children.

The problem of implementing evaluation and research in, essentially, a service project, has recurred in many projects in many fields besides child care. Our experience has been that evaluation and service must be closely integrated, particularly at two specific points. First, people responsible for delivering service must have input into planning the evaluation, developing the questions to be addressed and selecting the criteria by which the program should appropriately be evaluated. Second, service staff must be involved in the process by which information derived from this evaluation is fed back into the program to stimulate adaptive changes. Integration at these points will not occur unless staff members involved in service delivery have a clear understanding of the purpose of evaluation and are nighly committed to it and unless there is high-quality communication between those staff members who are more involved in delivering services and those who are more involved in evaluation.

The Project has invested enormous energy in dissemination efforts, both at the community level and on a wider scale (see Appendix F and G for a listing of these). Excluding the more permanent publications and film, the efforts producing the most enduring results appear to be the work of the Family Home Care Program with the Denver Day Care Mothers' Association and the work of the CCO with the Community Child Care Referral Service. These two efforts had several characteristics in common; both involved long-term and fairly intensive relationships; both involved community groups which were very committed to what they wanted to do in child care; and both involved bringing these groups into close contact with only one component of the Project. Other, less successful, efforts involved groups with dubious committments, less intense or less durable project interests, and/or less clear identification with a specific Project component. We have never come in contact with anyone who is interested in reproducing our total model.

Working with parents in the context of child care has provided insights which we did not have at the onset of the Project. Need surveys asking parents in a medical center or an industry or a community whether they would like to have a child care center or a summer day camp are not effective ways assessing families' needs. Without seeing an actual program (and even when they do see it) many parents are unable to determine whether it will be appropriate for their

children. Further, medical centers, federal funding, and demonstration projects all have a "halo" which they may not have earned; parents may pressure programs carrying these labels to take all of their children, whether it is appropriate or not. We have found that it is only through the experience of working with parents and caregivers as they work with each other that we can begin to determine what types of programs are absent and needed.

Finally, Project experience has offered valuable insight into the problems of coordinating additional health, educational, and welfare services beyond routine child care. Our experience has been that caregivers, first, and parents, second, are the people best-equipped to detect problems with children. Testing and screening programs are no match for an experienced, observant, and sensitive caregiver; it is critical that a project such as this foster and facilitate this capacity among caregivers. It is also critical that the next steps be taken, that resources be found which can help with the problem and that follow-up occur to monitor outcomes. This is an activity which cannot be handled by one person; it must be shared with everyone cooperating to facilitate it and with a prompt sharing of information on resources by anyone who has such information. The staff member who is closest to the problem will be most committed to finding a resolution, and s/he should be responsible for following through, but s/he should also receive the active support and cooperation from the rest of the project staff. This is an activity which should not be conducted in isolation but should be integrated into daily care-giving with children.

One of the most important obligations a research and demonstration project takes upon itself is to assure some continuation of services after Federal funding terminates. Several members of the Child Care Project staff met throughout the years with Medical Center administrators, encouraging the Medical Center to assume financial support for at least part of the Project's programs. To Medical Center administrators, child care was an extremely low priority service, but, finally we were informed that funds for one person had been requested for the Personal Benefits division to carry on Counseling-Coordination Office functions. By the time the budget was actually submitted to the state legislature, that one person was to take care of housing and insurance in addition to child care counseling and referring. The Joint

Budget Committee has never looked kindly on Medical Center Budget requests; the Personnel Benefits person was one of the first items to be cut.

Project staff always read Medical Center administration as apathetic about child care, so it came as no surprise that the Medical Center will not continue any of our services. Fortunately, we had invested energy in other possibilities for continuation. One staff member has been extensively involved with the Denver Day Care Mothers' Association, which is now developing into a viable support organization for day care mothers. Other staff members have served on the advisory board to the Denver Mile High United Way Child Care Referral Service. Project support of this referral agency has taken many forms, from donation of equipment, to designing of forms, to recommendations for improving service. Part of our program, at least, will survive without Federal support.

We ended our three years doing things differently than had originally been conceived, largely in response to finding out what worked and what did not. We have attempted to describe the difficulties, as well as the successes, in such ways as to ease the path of others who might undertake similar adcantures.

Notes

[1]Project history is treated in greater detail by Jane E. Chapman, Personal Perspectives (unpublished report, 1975).

[2]For More detailed information see the initial grant application and addendum.

[3]For more detailed information see the initial grant application, second year grant application, Year I progress report, and November, 1972 progress report.

[4]For details refer to the Year I progress report.

[5]Copies of all forms used in the Project may be found in the Year I progress report appendices.

[6]For more extensive discussion of the CCO research design, see the Year I progress report, chapter VII.

[7]For a detailed account see Van Vlack, Blatt and Barnes, "Organizing for Counseling and Coordination in Colorado," in Child Care: A Comprehensive Guide, Vol. II, edited by S. Auerbach (in press).

[8]Because the Advisory Board disbanded in January, 1973, its history and description of functioning are not treated in this report. For details, see previous Project reports and the outside evaluation report.

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Appendix A
The Problem Paper

Where Do Problems Come From?

Between October 1, 1973 and May 1, 1974, 147 problem papers were originated. Of these, 137 (93%) came out of model service settings, 3 (2%) from community resource settings, and 7 (5%) from the pre-placement activities. Of the 140 (95%) problem papers originated after placement, 72 (51%) came from the Center, 64 (46%) came from the Family Home Care Program, and 4 (3%) from the School-Age Program.

When problems are divided according to classification an interesting difference appears. Center problems fell largely into child- and family-focused problems (67/72 = 93%) as opposed to caregiver/setting- and counseling-coordination processed-focused problems (5/72 = 7%). Family home care problems sorted 19/64 (30%) into the child and family categories and 45/64 (70%) into the caregiver/setting and counseling-coordination process categories. This difference is highly significant (chi-square = 12.04, df = 1, $p < .001$). Center problems accounted for 58/77 (75%) of child-focused problems and family home care accounted for 40/45 (89%) of caregiver/setting-focused problems.

What Kind of Problems Occur?

Of the 147 problems in all categories 83 (56%) were child-focused, 12 (8%) were family-focused, 47 (32%) were caregiver/setting-focused, and 5 (3%) were counseling-coordination process-focused. The two major sub-categories of child-focused problems were emotional/behavioral (55/83 = 66%) and health/developmental (28/83 = 34%). Within the health/developmental sub-category health problems (including speech problems) accounted for most entries (24/28 = 86%) with 3/28 (11%) developmental problems and 1/28 (3%) referral for prophylaxis.

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Who Identifies Problems?

Fifty percent of all problems (72/147) were identified by the caregiver, 33% (48/147) were identified by the parent. Within the child-focused category roughly the same percentages held (52% caregivers, 34% parents).

Health and developmental screenings accounted for only 3/83 (4%) of the child-focused problems. The Center Director identified only 1 (1%) child focused problem, the Coordinator of Special Services identified 2 (2%) child-focused problems.

Within the caregiver/setting-focused category (which came largely from family home care settings) caregivers identified 30/47 (64%) of the problems; parents, 9/47 (19%); and the setting visitor/director identified 7/47 (15%). The remaining 1/47 (2%) was identified by the interviewer.

Who Gets Involved?

The most frequently involved person is the caregiver (85% of all problems, 79% child and family problems, 96% caregiver/setting and process problems). Next, was the Director of the Center or Family Home Care Program (54% of all problems; 33% of child and family problems; 85% of caregiver/setting and process problems). Ranked third is the child's mother (44% of all problems; 59% child and family problems; 15% caregiver/setting and process problems). Fourth place was the Coordinator of Special Services (26.5% of all problems; 31% of child and family problems; 13% of caregiver/setting and process problems). CCO research assistants were next in line (14% of all problems; 13% child and family problems; 15% caregiver/settings and family problems). A consultation referral was involved in only 7% of child and family problems (0% caregiver/setting and process problems).

Direct services were used in 20% of child and family problems (0% caregiver/setting and process problems). On these occasions, 14/19 (74%) were obtained from the Medical Center, 4/19 (21%) were obtained from private sources (another agency was used for the remaining direct service referral).

How Much Time Do Problems Take?

Most problems (116/147 = 79%) received immediate action involving a single

contact in the form of counseling or other verbal exchanges of information. No time measures are available on these problems. The remaining 31 problems (21%) involved further action. No single category of problems contributed more than any other to problems involving further action. These problems are not necessarily more major compared with the single contact problems, but do involve contacting outside agencies. Problems getting extended action took a median of 25 days to be resolved (range 5-96 days).

Considering each individual's time spent on problems involving extended action, child care workers spent an average of 41 minutes per problem (17 problems), the Coordinator of Special Services spent 60 minutes per problem (16 problems), the Family Home Care Director spent 94 minutes per problem (7 problems), and CCO research assistants spent 64 minutes per problem (5 problems).

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Appendix B

Curriculum for Family Home Care Training

January, 1973 - August, 1973

Week I	Orientation Intellectual and cognitive development in children Activities for cognitive growth
Week II	Emotional and social development Communication with children Discipline Activities for emotional and social development
Week III	Gross motor and fine motor development Activities to promote motor development
Week IV	Developmental assessment Licensure
Week V	Safety-first aid
Week VI	Nutrition Cooking for children
Week VII	Finances of FHC Dealing with parents Policies
Week VIII	Review, questions, preparation for business

Projects for FHC Training

Case study of child
Order equipment (safety stops of doors, electric outlet covers)
Build a first-aid kit
Make a recipe book and bring several for all to have
Apply for licensure, zoning variance

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Appendix C

Family Home Care Program

October, 1973

Date	Time	Location	Content
Oct. 2*	9-4 p.m.	Child Care Center 1001 Jasmine	Orientation: planning session distribute toy lending library
Oct. 4	7-9 p.m.	Melissa Tucker Day Care Home	Setting up a Family Day Care Home - current DCM's will join us
Oct. 9*	9-4 p.m.	Uta Pott Day Care Home	Morning: visit FDCH Afternoon: nutrition film - sharing ideas
Oct. 11	7-9 p.m.	Cathy Bedell Day Care Home	Business Aspects: taxes, profits, budgets
Oct. 16*	9-4 p.m.	Child Care Center	Morning: music works Edna Oliver Afternoon: visit FDCH
Oct. 18	7-9 p.m.	Child Care Center	Day Care Mothers Assoc. Workshop: Family Day Care Activities, puppets, homemade toys, mobiles, games
Oct. 23*	9-4 p.m.	Child Care Center	Morning: Boulder Mt. View Resource Center Afternoon: visit Lorraine Rotherham, Boulder FDCH
Oct. 25	7-9 p.m.	Sharla Hayward Day Care Home	Evaluation and planning session

*Please bring sack lunch

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Family Home Care Program

Workshop Schedule

November, 1973

November 13th	Tuesday, 9 a.m. - 4 p.m. Location: Child Care Center, 1001 Jasmine basement "Infants and Toddlers in the Day Care Home" planned by Cathy Hall, FDCM
9 a.m.	"Kyle and Jamie learn to be friends" Cathy Hall, FDCM
10 a.m.	Discussion on Infant Care
11 a.m.	"On Being Aware of Neurological Problems in Yound Children" Dr. Hodden, Pediatric Neurologist, Fitzsimons Myieko Horado, Registered Occupational Therapist Porter Hospital
12 p.m.	lunch -- NCO Club, Lowry AFB
2-4 p.m.	La Leche League Leaders "On How to Help the Working Mother who is Breastfeeding" Location: Cathy Hall, 221 Olive, 377-0359
November 27th	Tuesday 7 p.m. - 9 p.m. Behavior Modification (speaker uncertain at this time) location: Starla Southwick, FDCM 1225 Glencoe, 377-7584
December 4th	Tuesday, 9 a.m. - 4 p.m. "Puppet Workshop" Barbara Cannon, a professional puppeteer - formerly with Norwood Puppet Theater - will join us. We will make our own puppets' and then practice working with them in the afternoon. Bring if you can, masking tape, contact cement, old material, buttons, etc. Location; Child Care Center - basement 1001 Jasmine, 321-3023
December 13th	Thursday, 7-9 p.m. Party - a time to get to know each other Location: Connie Artzer 2330 Irving, 477-3492

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Family Home Care Program

Workshop Schedule

January, 1974

January 21 7-9 p.m.	MINI-PROJECTS - materials and equipment will be provided to make peg boards, bubble-blowing structures, and bean bags.	Donna Nicholls 1038 Dearborn Aurora, CO 80011 344-8688
January 28 7-9 p.m.	DAY CARE MOTHER MANUAL - to work on general outline and individual input.	Mary White 2374 Glencoe Denver, CO 80207 377-5540
February 18 7-9 p.m.	MAKE-IT-YOURSELF - Starla Southwick, Day Care Mother planned this workshop and will have materials to make art and flannel board activities for children ages 2-4.	Day Care Center 1001 Jasmine Denver, CO 80220 (upstairs)
February 25 7-9 p.m.	BATTERED CHILDREN TEAM Speaker unscheduled	Day Care Center 1001 Jasmine Denver, CO 80220
March 18 7-9 p.m.	INFANT STIMULATION - Sally Newcomer, Day Care Mother will plan this workshop	Sally Newcomer 4235 E. 7th Avenue Denver, CO 80206 333-2288
March 25 7-9 p.m.	SPEECH THERAPIST - Speaker unscheduled	Unscheduled

Stipends for evening care will be available. Stipends will be mailed out one week after each workshop.

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Family Home Care Program

Workshop Schedule

September, 1974

Date/Time			
Sept. 30 6:30 p.m.	OCD*	Potluck	Park Towers 1155 Ash Party Room - 16th floor
Oct. 9	DDCMA+	Self-Image of a Day Care Mother	First Mennonite Church Community Center 430 W. 9th Ave., Basement
Oct. 21	OCD	Getting Organized- Business Aspects & Agreements	Mae Collier, DCH 1075 So. University Denver, CO 80209 777-8402
Nov. 13	DDCMA	Homemade Toys & Activities	First Mennonite Church
Nov. 18	OCD	Health and Safety	Booth Memorial (library) 1001 Jasmine East Entrance
Dec. 11	DDCMA	Christmas Party for Family Home Care children	(unscheduled)
Jan. 8	DDCMA	Financial Aspects of Family Home Care	First Mennonite Church
Jan. 13	OCD	Child Psychologist	Sharla Hayward, DCH 520 Jackson Denver, CO 80206 388-3347
Jan. 20	OCD	Denver Developmental Screening Test Training Session	Booth Memorial Basement 1001 Jasmine East Entrance
Feb. 17	OCD	Boulder Social Services Mountain View Teacher Resource Center	Boulder, Colorado
Feb. 28	OCD	Family Home Care Party	(unscheduled)

*Office of Child Development Child Care Project
+Denver Day Care Mothers Association

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Appendix D

Illness and Absence Data from Model Service Settings

The research program, initiated in October, 1973, (See Year I Report, Chapter 7), offered several hypotheses relating attendance patterns in the Center and the Family Home Care Program to several family factors. Single parent families, families expressing financial need as the reason for seeking child care, or families suffering high stress were hypothesized to have higher attendance than others. Furthermore, absence due to illness was expected to be less frequent in children from single parent families or children enrolled in family home care settings.

An attendance ratio was determined for each child by dividing the number of days the child attended the setting by the number of days s/he was enrolled. Absence due to illness was similarly expressed as a ratio. Groups were compared using the Mann-Whitney U Test, converted to z scores (Siegel, 1956).

Single parent status did not affect either overall attendance (z = .8599, $p < .19$) or absence due to illness (z = .9530, $p < .17$).

Neither financial need as a reason for seeking child care nor high family stress was related to attendance (z = 1.48, $p < .07$; z = 1.29, $p < .10$ respectively).

Children enrolled in the Family Home Care Program were absent due to illness significantly less than children enrolled in the Center. (z = 4.54, $p < .001$).

Several reasons emerge as possible explanations of the difference between Family Home Care and Child Care Center absence due to illness:

1. Children in Centers are exposed to more diseases and, consequently, are sick more often.
2. Family day care mothers are more tolerant than Center staff in allowing ill convalescing children to attend.
3. Family day care mothers are less likely than centers to charge for days when the child is absent due to illness.

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Appendix E
Third Year Evaluation of the Family Home Care Program

The plan for evaluating the Family Home Care Program during the third year called for collecting data through two interviews with both the new day care mothers just entering the program and with the consultants who had participated before but were shifting to a new role. The first interviews took place in September before the workshop series began (T_1) and the second interviews in March when all the workshops were finished (T_2). Van Vlack, Koepfer and Carpenter from the CCO conducted both sets of interviews.

Sixteen day care mothers participated in this phase of the program, eight consultants and eight new day care mothers. Their ages ranged from 22 to 50 with a median age of 27. Five reported a family income of $5-10,000 per year and nine an income of $10-15,000, while two did not report. All lived within the designated area surrounding the Medical Center (see Chapter 5), largely a series of middle and working-class residential neighborhoods. All were married and all except one had children of their own, an average of 2.1 per family. Among all of the day care mothers' children, 45% were under 6 years old.

Many day care mothers entered this phase with a certain amount of professional orientation, but the staff was concerned with knowing whether the workshop experience enhanced this professionalism. Almost all of the consultants called themselves "day care mothers" at both T_1 and T_2, although one preferred "day care provider" since it could include men as well. Among new participants at T_1, three called themselves "day care mothers" one, "babysitter", one, "child care worker" and two alternated between "babysitter" and "day care mother." At T_2 six called themselves "day care mother" while one continued to use "child care worker" and another continued to alternate.

There was a very wide range in the amount of time day care mothers had been in the field when this program phase began. Consultants' experience ranged from 8 months to 20 years with a median of 5-6 years while new day care mothers' experience ranged from 1 month to 3 years with a median of one year. In response to the question "How long do you plan to continue in day care?" two increased their planned tenure from T_1 to T_2, one decreased it, seven

did not change, and for six it was undertermined. At T_2, three intended to remain in day care indefinitely, three intended to remain for more than two years, three for 1 to 2 years, two for less than a year, and five were uncertain. Most day care mothers considering giving up their day care homes were thinking in terms of continuing their work with young children outside the home, perhaps in a more formalized way.

When asked why they went into family home care in the first place, 10 day care mothers mentioned wanting to stay home with their own children and 8 mentioned the money, whether as a supplement to the family income or as a salary. Other reasons including bringing playmates home for their children (3), they had "always" done it (2), friends needed day care and pressured them (2), wanting to learn about children (1), and the opportunity to use previous education and training at home (1). In response to the question, "Why do you stay in day care?" at T_1, seven mentioned enjoying working with children and the type of work, four mentioned staying at home with their own children, and four mentioned they were planning to make a career of working with children in one context or another. Other reasons included the money, (3), playmates (1), substitution for having more children of her own (1), because she feels the field is important (1), because of the availability of support and training benefits such as this Project (1), and following extensive involvement through the Project, she feels a sense of dedication (1). At T_2, the reasons continued to include the rewards and enjoyment of work with children and their dedication to the field. At no time, of course, can they afford to care for children for nothing.

At both T_1 and T_2 interviewers asked day care mothers what kinds of things created problems in their day care homes and found little difference between the responses of consultants and new day care mothers. One day care mother summarized by saying "As long as there's children there's going to be problems. You have to get parents to work with you, not against you." Specific problem areas varied widely. At T_1 two day care mothers indicated that they had no problems, while others mentioned organizing their home, being business-minded, and getting parents to pay them. Working through a

difficult child related problem when parents are uncooperative was frequently mentioned; other problems included discipline, planning enough activities to keep children occupied, developing a relationship neither too friendly nor too distant with parents, helping one's own child adjust, unreliable parents, and arranging for relief. At T_2, two day care mothers again said they had no problems, indicating this was probably related to taking very few children. Day care mothers frequently mentioned discipline and unreliable parents. Other problems included health, trying to care for too many children, helping a new child adjust, teaching children to share, juggling home life and day care demands, and dealing with the day care mother's own emotional states.

Interviewers and day care mothers discussed the support they were receiving from their families and friends at both T_1 and T_2. Both consultants and new day care mothers reported receiving increasing support from their husbands as a function of time (See Table 9).

At T_2 14 of the 16 described their husbands as very or somewhat supportive. Children of day care mothers did not follow this pattern but showed more stability in the attitudes their mothers reported (See Table 10). Information which day care mothers had on the attitudes of their friends and neighbors was more mixed. Few reported problems with neighbors, but several indicated their friends were "admiring" but "think I'm crazy."

In an effort to evaluate the Project's effect on day care mothers' contacts with day care people outside their homes, interviewers asked them about contacts with other day care mothers, associations, support and training programs, and centers and pre-schools. Both consultants' and new day care mothers' range of acquaintances among other day care mothers greatly increased over time. At T_1 consultants reported knowing from 6 to 30 others and at T_2 from 15 to 100, while at T_1 new day care mothers reported knowing from 0 to 3 and at T_3 from 3 to 17 (See Table 11). For new day care mothers the increase appears to be attributed to contacts with others in the program while for consultants it appears to be a function of increased contacts in the community, probably through day care associations.

Despite this increase in the number of day care mothers known, there were few reports of increased frequency contacts. Most day care mothers appeared

Table 9

Is Your Husband Supportive?

Husband Is:	Consultants		New DCM's		All	
	T_1	T_2	T_1	T_2	T_1	T_2
Very supportive	1	5	2	2	3	7
Somewhat	4	3	2	3	6	7
Tolerant	2	-	4	1	6	1
Not supportive	-	-	-	1	-	1
No data	-	-	-	-	1	-
Total	8	8	8	8	16	16
Change/Time						
Increase	6		3		9	
Decrease			2		2	
Stayed same	1		3		4	
Unable to determine	1		-		1	
Total	8		8		16	

Table 10

How Do Your Children Feel About Your Day Care Home?

Children Are:	Consultants		New DCM's		All	
	T_1	T_2	T_1	T_2	T_1	T_2
Very enthusiastic	2	1	4	4	6	5
Accepting	2	3	4	1	6	4
Unhappy	1	1		1	1	2
Undetermined	3	3		2	3	5
Total	8	8	8	8	16	16
Change/Time						
Increase	1		1		2	
Decrease	-		1		1	
Stayed same	3		4		6	
Undetermined	4		2		6	
Total	8		8		16	

Table 11

How Many Day Care Mothers Do You Know?

Number	Consultants		New DCM's		All	
	T_1	T_2	T_1	T_2	T_1	T_2
0			2		2	
1			5		5	
2-5			1	2	1	2
6-10	1			2	1	2
11-20	2	3		4	2	7
21-40	1	2			1	2
41+		2				2
Many	2	1			2	1
Undetermined	2				2	
Total	8	8	8	8	16	16
Change/Time						
Increase	3		8		11	
Decrease						
Same	1				1	
Undetermined	4				4	
Total	8		8		16	

to have one to three friends they contacted often, but saw other day care mothers less frequently at workshops and meetings. Interviewers asked what day care mothers generally talked about when they got together; 16 said "day care," 11 said "children", 4 mentioned "family" and 4 mentioned "personal subjects" or their own personal intersts and concerns. Consultants did not report change over time in the number of day care organizations they know of or participated in, but new day care mothers did. At T_1, six knew of no organization other than the Project, while at T_2, six knew of at least one other. For both consultants and new day care mothers there was little change in the number of support and training programs they reported knowing about or participating in. The information which day care mothers had on centers and preschools came through experiences with their own and day care children more than through the Project, with most having some contact with at least one.

In an effort to understand present relationships in day care homes, interviewers asked day care mothers to describe their relationships with parents. Several replied that it varies with the family; other comments included the following:

> "I don't know why, but they think I'm fantastic!"
>
> "Sometimes I think that they really think . . . you don't have much intelligence or you wouldn't be doing this."
>
> "They like what I'm doing with the children. . . We talk really openly."
>
> "Brian's parents think of me as a second mother."
>
> "Some of them see me as a professional. I've had the experience that many people feeling like they really have someone that cares. Some of them see me as hired help. Or you're just to keep my kids."
>
> "I think they see me as a babysitter. . . Just a babysitter. I get kind of discouraged sometimes."
>
> "It's different with every parent. It really is. Of course, the ideal relationship is one. . . where you're not really friends as much as you respect each other and you sit and talk about things."
>
> "Some of them would see me as a friend. Some of the parents. . . have the no-care attitude."

"I have a very good relationship. . . Our families have become very close."

"Most of them are friends. . . They also know my background, so they see me as a professional too."

"I think I'm a professional for all of the parents but I'm also a friend to some."

"I think they feel very confident when they leave their children with me."

Most of the day care mothers felt comfortable to speak to parents about concerns they may have had regarding a child, but several emphasized approaching cautiously. One day care mother said that when she had to share negative things about a child, she tried to find positive things to say at the same time. Another mentioned being careful so parents would not over-react and several expressed concern over parents punishing a child a second time for the same misdeed. Most day care mothers also believed that parents were comfortable about making suggestions or criticisms to them regarding the care of the child, although two indicated that that had never happened to them and, apparently, the parents were quite satisfied.

The interviewers also asked day care mothers for their recommendations on how to establish good working relationships with parents. Several emphasized the importance of an interview with parents before the arrangement was made to clarify obligations and expectations on both sides. Most found written lists of rules and written agreements to be very effective and felt it was important to settle the money issue early and definitely. Day care mothers' recommendations also included the following:

"Just talk to them."

"Start right from the beginning to be open. . . Get the money out of the way first."

"Show them that your best interest is in the child."

"I tell them I'll take them on a trial basis. . ."

"Respect yourself - don't feel like the people who are coming to your house are doing you a favor because they are not. You are very definitely doing them a favor. . . The more you think of yourself, the more you're going to do for them."

"Think things through more carefully."

"I think having pre-visits and a pre-interview with the parents is really essential. . . Having people fill out forms. . . has reinforced the notion that this isn't just a casual relationship."

"Make it very clear with the parents from the outset--this may not be the right setting for your child."

"Take first aid."

As a final portion of the evaluation, at T_2 interviewers asked day care mothers to evaluate various aspects of the program including the workshops, the consultant system, other support systems, and program as a whole, and their own participation in it. Most day care mothers found the workshops to be very successful on the whole, although several consultants commented on the repetition of material and others regretted that they could not attend as often as they might have liked. None thought the number of workshops was right but four felt there were not enough. One commented that they were too scattered and irregular while another thought they came too close together. There was great variance in preferences among the workshop subjects. A workshop with a child psychologist was mentioned as a favorite by several although one day care mother did not care for it at all. Other favorites included a workshop on homemade toys and the social functions. Several day care mothers indicated they would have preferred more field trips together and more on infant care and child development.

The program in the third year took an unusual approach of having day care mothers with previous program experience act as consultants to new day care mothers rather than sending out a home visitor from the Project staff. Interviewers asked both consultants and new day care mothers to evaluate this approach. Several consultants indicated that they did not feel qualified or prepared for the role and hardly knew where to start. Many ran into difficulty in arranging a mutually-acceptable time and transportation, and some found the new day care mothers less than anxious to get together. Those who did manage to arrange visits had some difficulty in knowing what to say and what to do. One consultant summed it up by saying "It just. . . didn't happen." New day care mothers were equally dissatisfied with the consultant system. One asked "What's the consultant system? I wasn't really involved in that." Several indicated they would have preferred a home visitor who was not also running

a day care home, someone who could devote more time to it, who would not bring her own day care children along, and who had a wider variety of experience and resources to draw on in assisting them.

Among other support systems available through the program the toy-lending library aroused the most comment. Most regarded it as a valuable resource providing an opportunity to vary their toys and try out some before buying them, but most felt it was inconvenient to use the library and wanted it available at the location where workshops were to be held. Day care mothers also commented favorably on having the nurses evaluate the children in their home, the money to pay for alternate child care when they attended workshops and meetings, and the many written materials.

Also at the second interview staff asked the day care mothers to comment on the program as a whole, whether it gave them the type of things they felt they needed. Most made very favorable comments, particularly referring to the emotional support they received and the help in getting started and organized. Several commented on the program's effect on their attitude toward family home care. One said, "It gave me a new outlook on what really is important about day care," while another said:

> "I really feel like I got more than I thought I would out of it. . . I definitely have a better feeling about myself because of it. I feel a little bit more professional in it. I feel like I definitely have goals and its not just biding my time."

Two day care mothers also offered some constructive criticism. One entered a plea for more relief, pointing out that it is very difficult for a day care mother to take advantage of opportunities to improve herself, to attend meetings and to speak for the interests of day care mothers if she is tied to her home 50 hours each week. The other day care mother, who had been involved since the initial training efforts in the Spring, 1973, indicated that during the second and third years the program had been much more supportive, particularly since Artzer was not drawn away by too many other Project demands. She felt, however, that the workshops were not as good as the early training in that they were based on topics of interest to day care mothers and many areas, particularly intensive training in early childhood development, were neglected.

As a final question, interviewers asked day care mothers to evaluate their own participation in the program. Regardless of whether they had been consultants or new day care mothers, all were fairly evenly divided between those who felt very positive about their experience and those who felt, because of lack of time or energy, they were unable to participate as fully as they had wished.

From these interviews it is possible to conclude that the Family Home Care Program did positively affect the participating day care mothers. Increasingly day care mothers have come to see themselves as a part within the large context of day care, have more contacts with others in their field and have an enhanced sense of their own competence.

Appendix F

Dissemination Activities

Ad Hoc Coalition of Rural Day Care and Head Start Programs.
Minturn, Redcliff and Vail, Colorado.

Visited and provided consultation regarding issues such as programming for bilingual children, alternate funding sources, board of directors' role, and how diverse rural centers and programs might interrelate.

Participant: Hebeler

American Orthopsychiatric Annual Conference.

New York, May, 1973. Participant: Barnes.

San Francisco, April, 1974. Participants: Barnes, Portnoy.

Washington, D.C., March, 1975. Paper presented by Barnes at the workshop on Parents and Day Care.

Participants: Barnes, Blossom, Carpenter, Van Vlack.

Auraria Complex Project, Denver, Colorado.

Consultation for planning a child care program in this educational complex for student parents to be used as a practicum setting for students in early child development from regional colleges and universities.

Participant: Chapman.

Boulder Child Care Planning Group, University of Colorado.

Consultation with Mr. Bill Bixley and assistance in planning their day care program.

Participants: Chapman, Portnoy.

Channel 6, KRMA, Denver, Colorado.

Series of 20 program on child development from birth to parenting. In cooperation with the Department of Maternal and Child Health, the Denver Day Care Mothers' Association and other local child care groups. (Still in the planning stage.)

Participant: Artzer.

Child Protection Team, University of Colorado Medical Center.

Exploration with Dr. Henry Kempe and his staff of how aspects of comprehensive child care settings can help in the area of the battered child, assistance in establishing their crisis nursery, and donation of equipment.

Participants: Barnes, Blatt, Chapman, Portnoy.

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Colorado State House Bill 1258.

Worked with Representative Chuck Hove on formulating revisions for this bill which called for $800,000 for child care programs in Colorado. Project staff also testified before several House and Senate committees in support of this bill.

Participants: Hebeler, Portnoy.

Communication Workers of America, Local Union #8412, Denver, Colorado.

Consultation and assistance in a survey on child care needs. Results would be used in bargaining for child care benefits under their new contract.

Participant: Portnoy.

Coors Porcelain Company, Golden, Colorado.

Consultation regarding establishing a child care program for their employees.

Participants: Hebeler, Portnoy.

Denver Day Care Mothers' Association, Denver, Colorado.

Attendance at monthly meetings, workshops and conferences; editing and publication of their monthly newsletter, The Infantree.

Participants: Artzer, Hope.

Denver Public Library, Roth Cherry Creek Branch, Denver, Colorado.

Workshop series on "Child in the Day Care World" for both parents and caregivers. In cooperation with the Denver Public Library and the Department of Maternal and Child Health.

Participant: Artzer.

Education Commission of the States, Denver, Colorado.

Consultation regarding various factors in different settings that might contribute to stability of children within a given setting.

Participant: Chapman.

Educational Improvement and Development, Inc., Denver, Colorado.

Worked for quality local family home care programs.

Participant: Artzer.

Eunice Watson, Portland, Oregon.

Information sharing on Project programs and her work with the Ford Foundation on family day care.

Participants: Artzer, Blatt, Blossom, Carpenter, Koepfer, Van Vlack.

4-C Council, Denver, Colorado.

Support and participation in meetings until the group disbanded.

Participant: Barnes.

4-C Council, Montgomery County, Maryland.

Consultation with Ms. Terry Lamb regarding child care referral.

Participant: Van Vlack.

Georgia Mountain Family Home Care Program, Gainesville, Georgia.

Consultation regarding family home care.

Participant: Artzer.

Graduate Institute of Education, Washington University, St. Louis, Missouri.

Telephone consultation with Dr. Barry Kaufman regarding establishing child care programming in their medical center community.

Participant: Van Vlack.

John F. Kennedy Child Development Center's Educational Professional Development Act Training Program.

Worked with EPDA fellows in comparing and contrasting phenomenon associated both with preschool education and/or day care.

Maternal and Child Health Department, Denver, Colorado.

Worked to improve communications with this licensing agency and day care mothers; helped to organize community communications programs between licensing representatives and caregivers.

Participant: Artzer.

Mile High United Way Referral Service, Denver, Colorado.

On-going consultation through the entire duration of the Child Care Project to initiate, develop and maintain a metropolitan-wide child care referral service.

Participants: Barnes, Blatt, Carpenter, Portnoy, Van Vlack, Walters.

"More Than Nursery Rhymes: Coordinating Child Care."

Twenty-six minute, color film describing the Child Care Project and making recommendations for an industry's or community's involvement in child care. Produced by Sebastian House, Denver, Colorado.

Participants: Blatt, Blossom, Carpenter.

National Association for Education of Young Children Conference.

Seattle, Washington, Novmeber, 1973.

Participant: Artzer.

Parent Early Education Conference.

Denver, Colorado, May, 1975.

Participant: Artzer.

Regis College, Denver, Colorado.

Discussion with Women's Studies class on child care and working mothers.

Participants: Carpenter, Van Vlack.

Samsonite Corporation, Denver, Colorado.

Consultation with the president of the furniture division regarding establishing a child care program for their employees.

Participants: Hebeler, Portnoy.

Sewall Rehabilitation Center, Denver, Colorado.

Consultation regarding developing day care programming for handicapped preschool children.

Single Parent Resource Center, Child Care Switchboard, San Francisco.

Information shared on referral services via telephone and personal visits.

Participants: Carpenter, Portnoy, Van Vlack.

Society for Research in Child Development Conference.

Denver, Colorado, April, 1975.

Participants: Blatt, Blossom, Carpenter, Hines, Van Vlack.

Southern Annual Conference for Children Under Six.

Miami, Florida, April, 1975.

Participant: Artzer.

"Spreading the Word."

Seven day care mothers in the Family Home Care Program traveled to five Colorado towns to talk about the Child Care Project. The communities were Sterling, Pueblo, Fort Collins, Durango, and Grand Junction, Colorado.

Participants: Artzer, Collier, Curry, Hall, Meyer, Nicolls, Suslack.

State Department of Social Services, Denver, Colorado.

Extensive contact around licensing and quality child care issues.

Participants: Artzer, Chapman, Hebeler, Portnoy.

State of Colorado Commission on Children and Youth, Denver, Colorado.

Participation in workshops and meetings.

Symposium on Industry-Related Child Care, Denver, Colorado.

Project sponsored this regional symposium in May, 1973.

United Bank of Denver, Denver, Colorado.

Development and administration of an employee survey on child care needs; assistance and consultation.

Participant: Portnoy.

Zoning Appeal, Denver, Colorado.

Worked with the Denver Day Care Mothers' Association to pass a language amendment to the city ordinance of Denver County to allow day care mothers to have six instead of four day care children.

Participants: Artzer, Van Vlack, Workshop Day Care Mothers.

Appendix G

Publications

Artzer, Constance. Mothering: Can It Be A Career? Boulder, Co.: University of Colorado Publications Service (in press).

Chapman, Jane E. "Comprehensive, Coordinated Child Care Program for Employee and Student Families In a Medical Center Community." Initial Grant Application, 1972-73, Grant Number OCD-CB-248.

Chapman, Jane E. "A Comprehensive, Coordinated Child Care Program for Employee and Student Families In a Medical Center Community." Initial Grant Application Addendum, 1972-73, Grant Number OCD-CB-248.

Chapman, Jane E. "A Comprehensive, Coordinated Child Care Program for Employee and Student Families In a Medical Center Community." Second Year Grant Application, 1973-74, Grant Number OCD-CB-248. Urbana, Ill.: Educational Resources Information Center, 1974.

Chapman, Jane E. "A Comprehensive, Coordinated Child Care Program for Employee and Student Families In a Medical Center Community." Third Year Grant Application, 1974-75, Grant Number OCD-CB-248. Urbana, Ill.: Educational Resources Information Center, 1974.

Chapman, Jane E. "A Comprehensive, Coordinated Child Care Program for Employee and Student Families In a Medical Center Community." Third Year Grant Application Addendum, 1974-75, Grant Number OCD-CB-248. Urbana, Ill.: Educational Resources Information Center, 1974.

Chapman, Jane E. A Comprehensive Coordinated Child Care System. Year I Progress Report. Washington, D.C.: Day Care and Child Development Council of America, Inc., 1974.

Chapman, Jane E. "Progress Report: University of Colorado Medical Center Comprehensive, Coordinated Child Care Program for Employee and Student Families." Grant Number OCD-CB-248, November, 1972.

University of Colorado Medical Center Child Care Project. The Realities and Fantasies of Industry-Related Child Care. Proceedings of the May, 1973 Symposium. Washington, D.C.: Day Care and Child Development Council of America, Inc., 1974.

Van Vlack, Mary W.; Blatt, Ramon C.; and Barnes, Paul T. "Organizing for Counseling and Coordination in Colorado." Child Care: A Comprehensive Guide, Vol. II. Edited by S. Auerbach. New York: Behavioral Publications (in press).

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In cooperation with other groups;

Artzer, Constance, ed. Happiness Is. . . Denver, Co.: Denver Day Care Mothers" Association, 1974.

Artzer, Constance, ed. The Infantree Newsletter. Denver, Co.: Denver Day Care Mothers' Association.

Blackwell, Audrey. Developing Training Support Systems for Home Day Care. Denver, Co.: Educational Professional Development Act Project 1010, 1973.

Appendix H

Child Care Project Staff

Name	Title*	Dates of Employment
Allen, Rosina	Child Care Worker	9/72 - 6/73
Artzer, Constance	Family Home Care Program Director	8/73 - 5/75
Barnes, Paul	Program Director	6/73 - 6/74
	Systems Evaluation Director	8/72 - 6/73
Barocas, Ralph	Child Care Worker	12/73 - 8/74
Benedik, Dolores	Secretary	7/73 - 12/73
Beyer, Phillip	In-Center Program Assistant Director	1/73 - 9/73
	Head Child Care Worker	8/72 - 1/73
Blatt, Ramon	Project Director	9/74 - 5/75
	Program Director	6/74 - 9/74
	Research Assistant	8/73 - 6/74
Blossom, Mary	Administrative Secretary	11/73 - 5/75
Bowen Glenda	Teacher Aide	8/73 - 2/74
Burke, Shannon	Secretary (Work-Study)	12/74 - 1/75
Braggs (Graham), Naomi	Child Care Center Director	9/73 - 2/74
	In-Center Program Assistant Director	1/73 - 9/73
	Head Child Care Worker	8/72 - 1/73
Bower, Michelle	Child Care Worker (temporary)	7/74 - 8/74
	Child Care Worker	9/72 - 3/74
Bull, James	Child Care Worker	6/74 - 8/74
Calvert, Stephan	Teacher Aide (Work-Study)	9/73 - 5/74
Caplan, Kathryn	Child Care Worker	3/74 - 8/74

*Initial title is for most recent position held on the Project.

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Name	Title	Dates of Employment
Carpenter, Catherine	Research Assistant	7/74 - 5/75
	Secretary	7/73 - 7/74
Chapman, Jane	Project Director	6/72 - 9/74
Cobb, Lanza	Child Care Worker	6/73 - 7/73
Gonzales, Cheryl	Child Care Worker	8/72 - 12/72
Hebeler, Charlotte	Special Services Coordinator	3/72 - 10/74
	Child Care Center Coordinator	6/73 - 3/74
	Family Home Care Assistant Director	1/73 - 6/73
	Family Home Care Coordinator	2/72 - 6/72
Hines, Roxanne	Secretary	12/74 - 5/75
Hope, Jacqueline	Family Home Care Program Assistant Director	3/74 - 1/75
Kendrick, Tanya	Child Care Worker	11/73 - 3/74
Klein, Doris	Child Care Worker	3/74 - 7/74
Kline, Sally	Child Care Worker	4/74 - 5/74
Koepfer, Debra	Research Assistant	7/74 - 3/75
Madison, Lee	Child Care Worker	8/72 - 12/72
McKee, Estelle	Child Care Center Director	3/74 - 8/74
Milzer, Marci	Secretary	8/74 - 10/74
Neuner, Herbert	Child Care Worker	1/73 - 3/74
Pettit, William	Child Care Worker	1/73 - 12/73
Portnoy, Fern	Dissemination Officer	5/74 - 10/74
	CCO Director	6/73 - 5/74
	Child Care Program Director	1/73 - 6/73
	Child Care Center Director	7/72 - 1/73
Rhodes, Cynthia	Child Care Worker	6/72 - 3/74
	Secretary	8/72 - 6/73
Robinson, Jeanette	Child Care Worker	8/72 - 7/73
Samara, Maria	Child Care Worker	7/73 - 8/73
Squillari, Patricia	Child Care Worker	7/73 - 11/73

Name	Title	Dates of Employment
Stephens, Christy	Child Care Worker	9/72 - 6/73
Symons, Noel	Child Care Worker	3/74 - 8/74
Tuffel, Sarah	Child Care Worker	1/73 - 11/74
Van Vlack, Mary	Research Director	6/74 - 5/75
	Research Assistant	4/73 - 6/74
Wendel, Henry	School-Age Program Director	6/73 - 2/74
	Child Care Worker	4/73 - 6/74
Wendel, Janice	Administrative Secretary	4/72 - 10/73
Westfeldt, Hollace	Child Care Worker	12/72 - 5/74
Wise, Roberta	Secretary (temporary)	3/74 - 5/74
Wood, Nancy	Secretary	12/73 - 7/74
Wrightsill, Billy	Child Care Worker	9/72 - 5/74

Appendix I

Significant Results

The nature of this Project defies a listing, item by item, of significant findings. Our most significant findings have been qualitative and experiential. These we offer as the foundation for future projects. Conclusions from data emerging from our evaluations are sprinkled throughout this report, along with the conclusions from our experience, in the context from which they arose.

Each chapter concludes with a brief summary of recommendations for each program component and the final chapter contains a discussion of issues which cut across all components. Pages 21-22, 32-35, 69-72, and 73-81 are especially relevant for those seeking a list of results.

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